60 TO HOSPITAL ATTENDING PHYSICIAN: The lew requires that the death certificate be executed within burs after the Pege 4 be retained by the hospital or attending physician.

TATUNERAL DIRECTOR: After this certificate has been signed by the attending physician and commented filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours effer death. 90

VR A15 (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12/10/ CERTIFICATE OF DEATH
13473

						A STATE OF THE STA
 PLACE OF DEAT COUNTY 	TH					institution: Residence before edmission)
Baltimo	TA		MARYLAND	Maryland	b. cou	
	(if outside corporate lim	nits.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits, wri	timore te RURAL end give neerest lown)
	nd give neerest town)			1.7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
	nsville			Owings M	ills	1
d. NAME OF HOS	PITAL OR INSTITUTION	(if not in hos	pilel, give street eddress)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
Catonri	dge Nurs	ing E	Iome	St. Tho	mas Lane	YES NO NO
. NAME OF	fin fin	TIIS I	Widgle	Last	4. DATE Mon	th Dey Yeer
(Type or print)					OF DEATH	
	ANNIE	E. Ad	ams		Dec.	31, 1961
S. SEX	6. COLOR OR RAC	7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year last birthday)	
Female	White	WIDOWE	DIYORCED	10-18-1863	98 yrs.	Months Days Hours Min.
On. USUAL OCCUP	ATION (Give kind of wo	rk 10b. KI	ND OF BUSINESS OR INDUST		nty & Stete, or foreign country	12. CITIZEN OF WHAT COUNTRY
done during most of v	working life, even if retir	ed)			_	
	Housewif	6		Marylan		U.S.A.
3. FATHER'S NAME				14. MOTHER'S MAIDEN	INAME	
				?		
18. CAUSE OF	DEATH (Enter only on ATH WAS CAUSED BY:		ne for (e), (b), end (c).]	(0 1		INTERVAL BETWEEN ONSET AND DEATH
1.	IMMEDIATE CAUSE (e)	L. Oumas -	thorouses		inneded
1 47	DUE TO		^ -	A 24		
Conditions, if e	47 F		Mitius so	luses		ent hour
gave rise to imme	diate cause					
(e), stating the	underlying DUE TO	3				
cause last.) (0	The same of the same	and the same of th			
PART II. OTH	IER SIGNIFICANT COND	ITIONS CON	TRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERM	INAL DISEASE CONDITION GI	YEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION	WAS UNDERLYING [] IG [] CAUSE OF DEATH FY MEDICAL EXAMINER		CRIBE HOW INJURY OCCUR	ED. (Enter neture of injury in	Pert I or Pert II of item 18.)	
20c. TIME OF IN Hour a.m p.m		eer 2Dd. I While et worl	Not While fa	ACE OF INJURY (Home, far clory, street, office bldg., et	m, 2Df. (City or lown)	(County) (Stete)
21. I certify	that (I) (this hosp	ital) attend	ded the deceased from	10/20	19.52, to	3.1., 196, that (I) (we) las
saw the dece	ased alive on	12/1	1 19 61 and the	at death occured at.I.	1.5M. from the causes	and on the date stated above
22e. SIGNATURE			and the		, , , , , , , , , , , , , , , , , , , ,	22b. DATE
	Ceist	Ra	art J.	M.D.	DIRECTOR PHYS.	SIGNE
22c. PHYSICIAN		RAT	-LIFF, JR.	22d. ADDRESS 460	5 Ed hords	- ou
	TION COL DATE THE	ERECE	23c. NAME OF CEMETER	OR CREMATORY	23d. LOCATION (City, 1	own or county) (State)
REMOVAL (Special Principle)	fy)			S	Pikesville	24.3
Buri	al 1-3-19		St. Charle		Pikesville	Md.
Buri	al 1-3-19	962		25a. RE	C'D BY REGISTRAR 25b. R	e. Md.

e P Des patter in SET BYESE OF STOLENS The second with the state of . M. A. E. VANERT TRAME. MARKET MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM?

YES NO

1961

IF UNDER 24 HRS.

Yaar

Hours

ONSET AND DEATH

PERFORMED?

NO W

(Stele)

22b. DATE

(State)

12/24/6/ SIGNED

12. CITIZEN OF WHAT COUNTRY?

USA

(County)

death certificate be and physician affending signed by the affending has been certificate has b or use as the buri prior to burial, ō hospital DIRECTOR: After this of should be detached

> 0 VR A15 (4) 15M 7/61

Page

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of livement but to office the

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1028 Italorded Rd. 1028 Markwood LD.

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ARE.S.1907 DA

Interior Decorator-Singers; Dec. 00. Usenda

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Ministry

008-05-2127 1528 Miris Arabendali

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Melvin N Bering of the about the Barrier is

Burist 12/53/31 Drive Within P. s. alor Samoning Ave.

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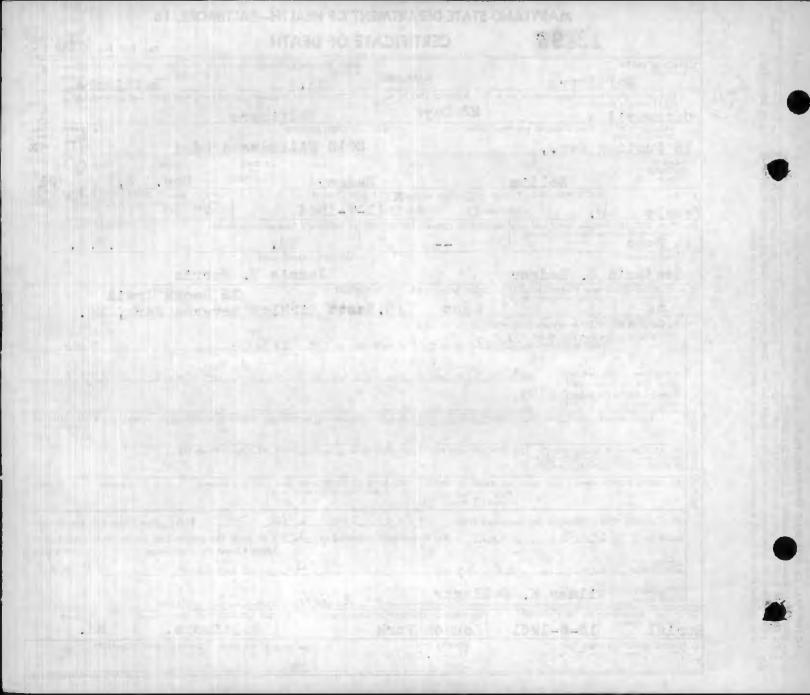
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V	4
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13/06

CERTIFICATE OF DEATH

			1	6)	A	you	I.
Reg.	Dist.	No.	1	O	4		4

	TOZOG		AIE OF DEATE			Reg. D	list, No.	TO,	A. I
	timere	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md.	ere deceased live	d. If institution b. COUNTY				
b. CITY OR TOWN (IF RURAL and give need	outside corporate limits, write		c. CITY OR TOWN (If o	utside corporate	limits, write R	URAL ond	give nec	rest town	1
Catonsvil	le	23 Days	Balts	more		3 VI	11:1	-	
d. NAME OF HOSPITA OR INSTITUTION 16 Fusting	C Ave.	et oddress)	d. STREET ADDRESS	nweed	Rand				DENCE FARM?
I. NAME OF	First	Middle	Lost	4. DATE	Mon	ath	0		eor
(Type or print)	Nellie	71110010	4	OF DEATH	-		Do T	,	11
SEX		RRIED NEVER MARRIE	Badger B. DATE OF BIRTH		GE (In years		DIVEAD	IF UNDE	961
omalo	W. WIDON	WED DIVORCED 1	1-7-1884	lo	77 yrs.	Months		Hours	Min.
on USUAL OCCUPATION during most of working At Home	N (Give kind of work done 10) ng life, even if retired)	b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Slote of Md.		1)	12. C		F WHAT	COUNT
3. FATHER'S NAME			14. MOTHER'S MAIDEN N				U. D	. A.	
Bonjamin	C. Badger			V. No	rris				
	IN U. S. ARMED FORCES? 16 year, give wor or dates of service)		Seett Kirkl	-	Books			d.	
THE PLANT	H WAS CAUSED BY:	. 3 10		-				/	
Conditions, if any gove rise to im couse (o), stoting the lying couse lost.	y, which mediate under-	CONTRIBUTING TO DEATH BUT	Cardio-Yas	MAL DISEASE CO	NDITION GIV	Z L	PT Vol.	3.44 077	MITOPS
Conditions, if any gove rise to im couse (o), stoting the lying couse lost.	y. which mediate to DUE TO (b) DUE TO (c) CR SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT				ZEN IN PA	RT 1(o) I	9. WAS PERFO	RMED?
Conditions, if any gove rise to im cause (o), stoting the lying cause lost.	DUE TO y, which mediate ne under- R SIGNIFICANT CONDITIONS UNDERLYING 20b. DE CAUSE OF DEATH AEDICAL EXAMINER Month, Doy, Year 20d. Whil	SCRIBE HOW INJURY OCCURRED		ort I or Part II of	item 18.)		RT 1(o) I	PERFO	NO E
Conditions, if one gove rise to im couse (o), stoting the lying couse lost. PART II. OTHE 200. ACCIDENT WAS ON CONTRIBUTING E (IF EITHER, NOTIFY Mour o.m., p.m. 21. I certify the alive an	DUE TO y. which mediate he under. R SIGNIFICANT CONDITIONS UNDERLYING 20b. DE CAUSE OF DEATH REDICAL EXAMINER Month, Doy. Year 20d. 19 Whill I attended the decect 19 Jan Williamor K. Gr	INJURY OCCURRED Not white or work 1// / Q	CE OF INJURY (Home, form, tory, street, office bidg., etc.) 1961, to 126 accurred at 1230 14	20f. (City or to	item 18.) 19.61 e causes a city or town, Aux.	that I and an istole)	(County)	PERFO YES []	(Slot



DATEDEC 2 6 '61

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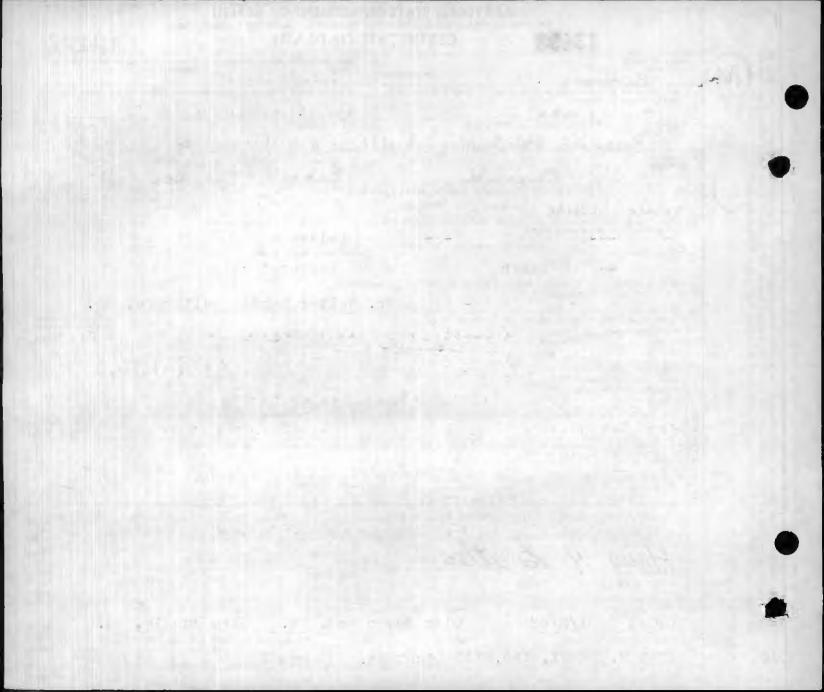
VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13498

13477

1. PLACE OF DEATH 0. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceded as STATE	# b COUNTY	ice befare admission)
b. CITY OR TOWN (If autside corporate limits, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN IN autside co		nive nament towns
RURAL and give nearest tawn)	C, LENGTH OF STAT IN 18	5 ns .	rporate limits, write KUKAL and !	give negrest lown)
Owings Mills		Ballemon	e cuo	3001-4
d. NAME OF HOSPITAL (If nat in haspital, give street OR INSTRUCTION	address)	d. STREET ADDRESS	1 superior	e. IS RESIDENCE ON A FARM?
Rosewood State T	Mining School	1508 Mille	an sh	YES NO
3. NAME OF First	6 Middle	Lost 4. DAT	E Manth	Day Year
(Type or print)	eth	Baken DEA	TH Dec	30 1961
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	J. DATE OF BIRTH		TYEAR IF UNDER 24 HR
Female white WIDOW	ED DIVORCED	2-15-11	5 D yrs. Manths	Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign	n country) 12. CIT	IZEN OF WHAT COUNTRY
during most af warking life, even if retired)		Delaware		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Baker		Margaret B	e13	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	COCIAL CECURITY NO. 17 45	FORMANT	Address	
[Yes, no, or unknown] (If yes, give wor or dates of service)			_ 12.0	143
	- Mr	. Walter Sands	Baltimore,	Md.
1B. CAUSE OF DEATH [Enter only one cause per li	ine far (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	roughland	esterize tic		5-6 dec
3 3 2 DUE TO .				
Candilians, if any, which)	old Corolina	of waters in	A with mount	
gave rise to immediate	Inp coon	or control	1 ch washing	730
cause (a), stating the under-	and taken	at the t	10	
lying cause last. (c) +C	180000000000000000000000000000000000000	, in some at	15-1	
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	EASE CONDITION GIVEN IN PAR	PERFORMED?
3 day Interense 5	er coplintales	Parter	monno	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS July July 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF THE THER NOTIFY MEDICAL EXAMINER OR CONTRIBUTING CAUSE OF DEATH OF THE THER NOTIFY MEDICAL EXAMINER OF THE	CRIBE HOW INJURY OCCURRED). (Enter nature of injury in Part I or	Part II of item 1B.)	
· ·				
20c. TIME OF INJURY Manth, Day, Year 20d.	NJURY OCCURRED 20e. PU	CE OF INJURY (Hame, farm, 20f. (City or town) (County) (State
Haur a.m. 10 While	Nat while fac	tary, street, affice bldg., etc.)		
> p. m. 17 at wa	rk at wark	i		
21. I certify that (I) (this haspital) atten-				1111
saw the deceased alive an 12	19 19 and that d	eath accurred at / M, fra	m the couses and an the	e date stated above
22a. SIGNATURE	11.	7		22b. DATE SIGNE
Klarry M. AV	ller !	M.D. PHYS. DIRECTOR	STAFF PHYS.	2101/10
22c. PHYSICIAN'S		22d. ADDRESS		
NAME (Type)				
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	CREMATORY 234 10	CATION (City, town, ar county)	(State)
Burial 1/3/62			len Burnie.	
24, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25o. REC'D BY REC	to a	
JOHN F. DENNY. INC.	715 Light S	t. DATE JAN 4	'62 Continuer &	Trues



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

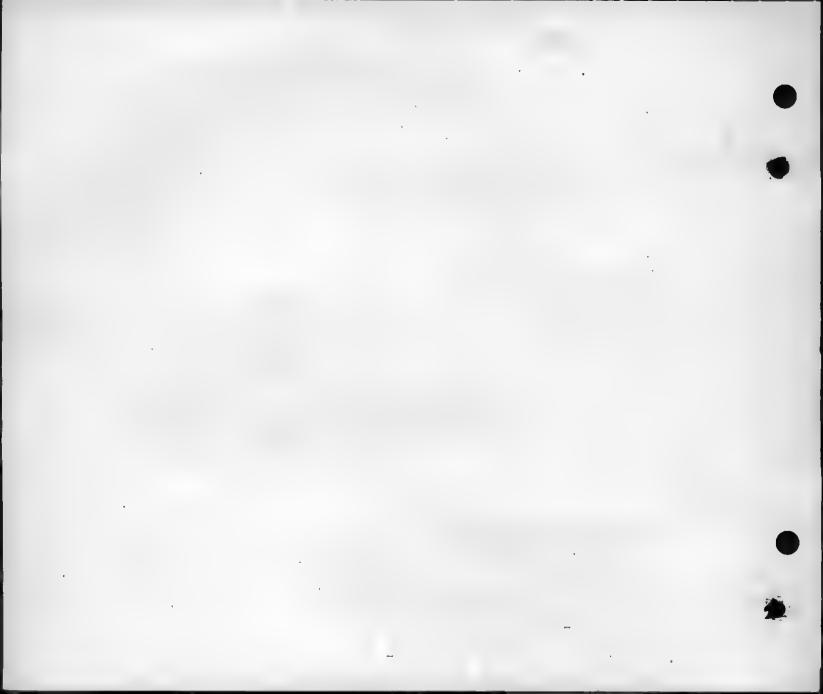
1 PLACE OF DEATH
2 USUAL RESIDENCE (Where deceased lived. If inst

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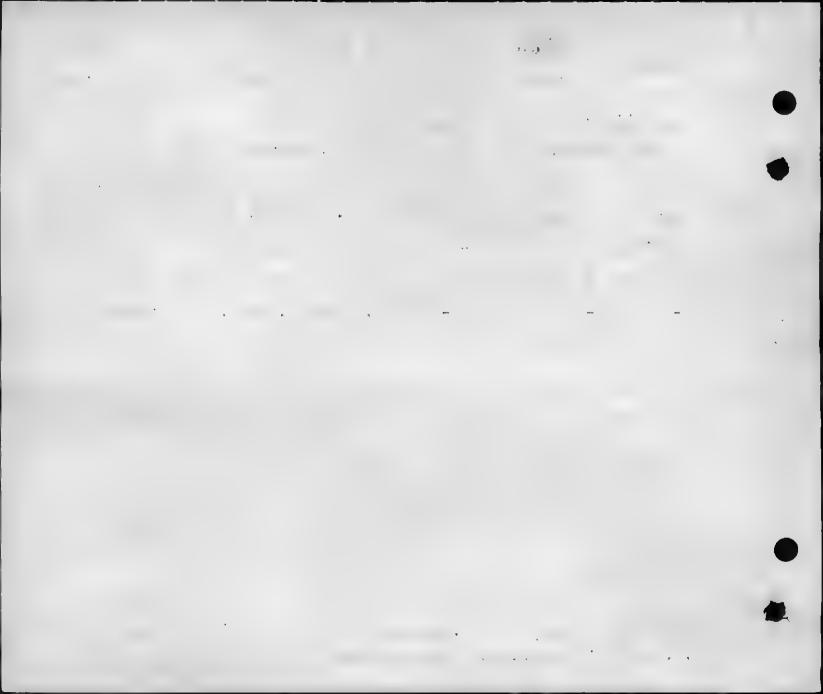
		STATE M aufland b. COUNTY (althurm)
	b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
TO	TOWSON or revelline 100 years	Providence Towson 4
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 907 Dun eller Dune	907 Dunelley Driese on a FARM?
	3 NAME OF DECEASED (Type or print) Pickard SUMMER Tield	Ball DEATH December 25 1961
S. 5	S. SEX Make 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATI WIDOWED DIVORCED 3 C	E OF BIRTH 9. AGE (In years list birthday) 15 UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	Con Fraction Building	Retcheep Prince See Ched. M.S.A.
13	The dore Edward Ball	norma Baken
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM. (Yes. no. or unknown) (If yes, give wor or dates of service) 213-09-059! W.J.	Le - Exelyn - Scrowl
	18. CAUSE OF DEATH [Enter only one cause per line far (a). (b), and (c)] PART 3. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last.	in affing metalaties
CERTIFICATION		ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		er nature of injury in Part 1 or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Manth, Day Year 20d. INJURY OCCURRED 40 PLACE OF Factory, st pp. m. 19. While at work of wark	FINIURY (Home, form, 20f. (City or tawn) (Caunty) (State) treet, office bldg., etc.)
	saw the deceased alive an 2 Desurce 11961, and that death	
	M.D. F	ATTENDING MED STAFF SIGNED
	22c. PHYSICIAN'S NAME (Type) WALTER T. KEES	Cochenfeith, mayber 25Dec 61
230	230 BURIAL CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY OR CREM BURIAL 12429-61 Loudon Park Cen	
24.	24, FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
7,	Nm. Cook-Towson, Inc., 1050 York Roadm TOW	SON DATE DEC 2 8 '61 Chillen S. Homa

by the funeral director, and 2 should be filed with D HOSPITAL OR AT COING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs after demonstrated by hospital or attending physician.

D FU TAL DIRECTOR: After this certificate has been signed by the attending physician and completely find the ton page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 hours after goalth. TO HOSPITAL OR A TO FU VR A15 [4] 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH AND RECORD** W. PRESTON STREET, BALTIMORE 1, MARYLAND 13500 CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreed lived, if institution: Residence before edmission) e. COUNTY b. COUNTY Baltimore Marvland Baltimore by the MARYLAND b, CITY OR TOWN (if outside corporete limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) E Baltimore Life Baltimore Pages ' filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street address) . IS RESIDENCE STREET ADDRESS ON A FARM? Stratton Way Stratton Way YES NO X papers. 3. NAME OF DECEASED OF DEATH December [Type or print] JOSEPH PETER 19 61 C withi 16. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF JNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months and Hours Car Nov. Male physician 10a. JSUAL OCCUPATION (Give kind of work 9797 12. CITIZEN OF WHAT COUNTRY? гетоме 10b. KIND OF BUSINESS OR INDUSTRY B RTHPLACE (County & Slete, or foreign country) done during most of working life, even if retired) Child Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph P. Barry Nola Reese 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17. INFORMANT Address [Yas, no, or unknwn] [[If yes give wer or dates of service] Mr. Joseph P. Barry, 7225 Stratton Way. 18. CAUSE OF DEATH [Enter only one cause per [na for (a), (b) and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CEREBRAL IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which peen geve rise to Immediate cause DUE TO (a), stating the underlying certificate ha PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11011 19. WAS AUTOPSY PERFORMED? 8 0 NO X prior 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in any in Pert I or Part II of Itam 18.) After this ce (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) Not While While Hour a.m. at work at work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from FKB 1.5, 1957, to DEC 12, 1961, that (I) (we) last 1961, and that death occurred at 7... 2.M, from the causes and on the date stated above. should saw the deceased alive on $N\mathcal{O}$ DATE 22a. SIGNATURI SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 238, BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, WWW No WOLE) REMOVAL (Specify) · F & OH Baltimore. Maryland Stanislaus 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) M.F.Sadowski Sons, 1808 Eastern Avenue liny S. Kraua DATE DEC 1 1SM 9/60



TC PULY M. CAL EXAMINER: This certificate should be executed within 24 hours after death delay is no sary, as execute the certificate, writing the word "pending" in pend in Item 18. Give Pages 1, 2, and 3 to the tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

2

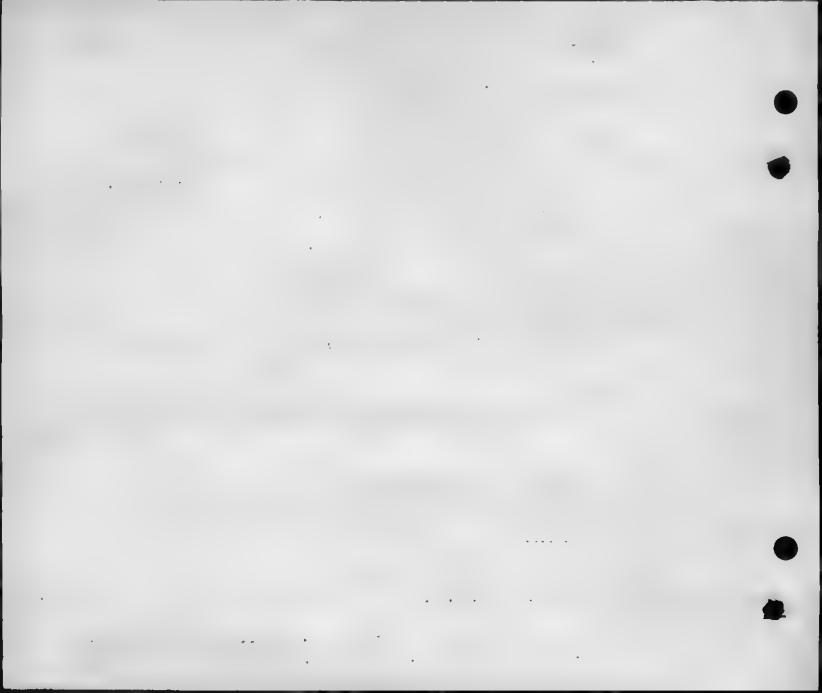
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13480.

	A LAMESTON OF THE PARTY OF THE	CII MIAO KECOKDO,	DOL MILLIER DIGITAL	INCLES, DALLINGS
13201	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
	a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	Maryland c, CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
write RURAL and give nearest town)	CI CATI ON TOTAL (II OUISION COLONIAL III MIIS, WILLIA KONAL BID GITO HESIOSI IOWI)
A NAME OF MOCKET OF PROPERTY OF THE PROPERTY O	Baltimore 2 1 T
d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Bethlehem Steel Company	1811 Monroe Street
3. NAME OF First Middle DECEASED	Lasi 4. DATE Month Day Year
(Type or print)	DACMETOT D DEATH D 10 (2
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years I IF UNDER 1 YEAR IF UNDER 24 HRS.
	lest birthday) Months Days Hours Min
Male Colored WIDOWED DIVORCED	Sept.13,1901 60 yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stelle or fore gn country) 12. CITIZEN OF WHAT COUNTRY?
Laborer Bethlehan Ste	el Va.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Freeman Bastfield	Ellen Fields
	INFORMANT Address
(Yes, no, or unkown) (Ifyesgive were releasefservice)	_
- 216-10-1698 M	ary Bastfield 1811 N. Lonroe Street
18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Subarachnoid Hemor	rhage recent and extensive
DUE TO Rupture of cerebra	
Conditions, if eny, which \ (b)	T alocia guentashi
geva rise to Immediate causa	
(e), stelling the underlying DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CAUSE OF DEATH.	ROT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED?
CAN	YES E NO TO
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED.	(Enter nature of Injury in Part I or Part II of Item 18.)
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
20c, TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED 20a, Pi	ACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (Stete)
Hour s.m. WhileNot While fa	ctory, steet, office bidg., stc.]
p.m. 19 at work at work	
21. I certify that I took charge of the remains described above, I	neld an Autopsy X. Inspection . Inquiry , and in my opinion
death resulted from: Natural causes 📆, Accident 🗍, Sui	cide Homicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL MALLE	CHIEF MEDICAL EXAMINER
SIGNATURE JOWAND SI SHOULD	M.D. ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
SIGNATURE JOWASA VI MOUNT	ASSISTANT MEDICAL EVAMINED
SIGNATURE JOWASA VI MOUNT	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
SIGNATURE EXAMINER'S NAME (Type) 1226. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY C	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
SIGNATURE EXAMINER'S NAME (Type) HOWARD G. SHAUB, M. D. 226. BURIAL, CREMATION. REMOVAL (Specify) REMOVAL (Specify)	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) OR CREMATORY ASSISTANT MEDICAL EXAMINER D Address (Street, city, town, or county) 12/7/61 (State)
SIGNATURE EXAMINER'S NAME (Type) 1226. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY C	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) OR CREMATORY ASSISTANT MEDICAL EXAMINER D Address (Street, city, town, or county) 12/7/61 (State)



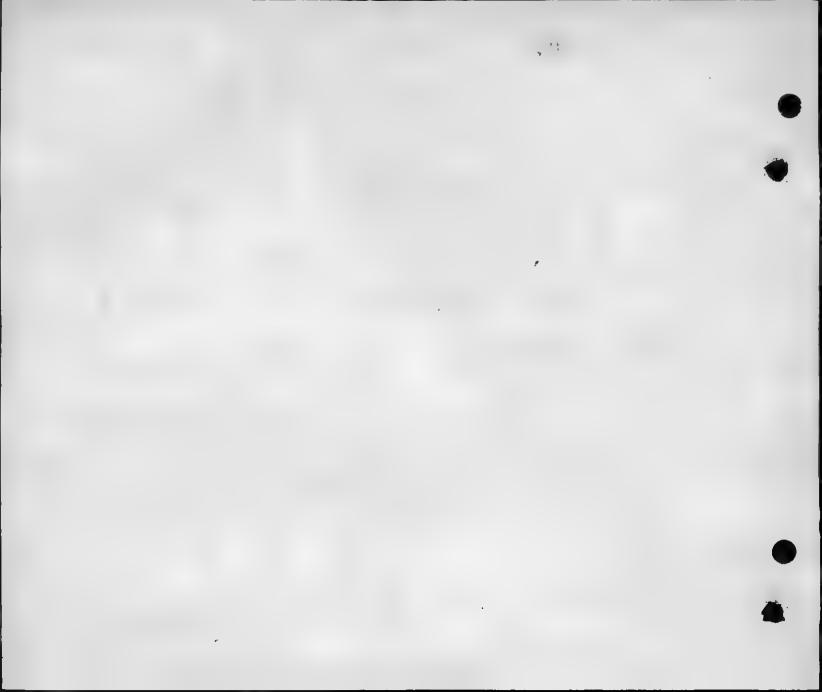
Q E Q S VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate I mits, outs'de corporete Jenits, write RURAL end give neerest town) c. LENGTH OF STAY IN 15 write RURAL and give nearest fown .⊑ filled i d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospite), give street eddress) ON A FARM? 000 YES NO 3. NAME OF DECEASED OF (Type or print) DEATH AGE (In years IF UNDER 1 YEAR last birthdey) Months Deys DIVORCED 10e. USUAL OCCUPATION (Give kind of work 105, KIND OF BUSINESS OR INDUSTRY . BIRIMPLACE (County & State or fore on country) 12. CITIZEN OF WHAT COUNTRY? done during most of working ife, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknwn) ! (If yes give war or detes of service) 18. CAUSE OF DEATH linter on y one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO geve rise to immediate cause DUE TO (e), stelling the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY **PERFORMED** NO Z 20e. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert | or Part II of Item 18) OR CONTRIBUTING | CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER Month, Dey, Year 1 20d INJURY OCCURRED 20s. PLACE OF INJURY (Home, Jerm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY fectory, street, office bldg., etc.) Not While While Hour e.m. el work el work 25, 196/, that (1) (we) last 21. | certify that (I) (this hospital) attended the deceased from M, from the causes and on the date stated above. saw the deceased alive on.... 22e. SIGNATURE ATTENDING PHYS. 22c. PHYSICIAN S 22d, ADDRESS NAME (Type) 23d. LOCATION (City, town or county) 236. BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify) 04048 255. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S AGNATUL VR A15 (4) arthur S. Krous 15M 9/



DVI AND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH 13504 funeral 2 USUAL RESIDENCE (Where decessed lived, If institution; Residence before edm sslon) 1. PLACE OF DEATH a. COUNTY ely filled in by the frs. Pages 1 and 2 s hours after deather LTIMORE THE RESERVE OF THE PERSON NAMED IN COLUMN 1 b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) 10W50N OWSON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Z ely. rbon papers within 72 h 3 NAME OF M ddle DECEASED OF (Type or print) DEATH DECEMBER 19 6/ and con AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 7. MARRIED TO NEVER MARRIED TO lest birthdey) WIDOWED A DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? гетоме 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) 11. S. A. SUPERVISOR SHAPS 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME please nding SUSAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOC A. SECURITY NO. 17 INFORMANT (Yes, no, or unkown), (If yes give wer or dates of service) INTERVAL BETWEEN IB. CAUSE OF DEATH [Enter only one cause per the for (a), Ab], and (c) by ONSET AND DEATH g physicial signed by PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO arcoura a for Conditions, if env. which has been geve rise to immediate cause DUE TO (a), steting the underlying PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16 19. WAS AUTOPSY certificate PERFORMED? NO -20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING | CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY Month, Dey, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) factory, street, office bldg., etc. While Not While Hour a.m. at work et work DIRECTOR, 192/., that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from..... 19 2 and that death occured at 3. P.M. from the causes and on the date stated above 22b. DATE 22e. SIGNATURE STAFF SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. even. 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) \$ 0 to 8 CEMETERY 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)3 Ostlar & Thous



in by the funeral directar, and 2 shauld be filed with pth. Page 4 TO HOSPITAL OR THINDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained. The restained has been signed by the attending physician and campletely as in by the polyshald be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 shall the registrar priar to burial, cremation, ar remayor, and in any event within 72 hours after death.

> VS A1S (4) 1SM 9/SS

		MARY	AND.	STATE DEPA	ARTM	ENT OF	HEALTH	-BAI	LTIMORE,	18			
L		13505		CERT	IFIC	ATE OF	DEATH	1		Reg. Di	st.ÎNo.	484	1
1.	PLACE OF DEATH 6. COUNTY Balti			MAR	YLAND	a. STATE	Marvle		ed lived. If institution b. COUNT			• odmissio	n)
	b. CITY OR TOWN (III RURAL and give no Dunde		ls, write	c. LENGTH OF STAT	7 IN 16		r town (if a Dundal		orote limits, write 22)	RURAL ond	giva neo	rest fown)	
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g 50th Str	ive street	oddress)		H /	ADDRESS = 50	th S	Street			ON A F	ARM?
3.	NAME OF DECEASED (Type or print)	Fir Let		Middle **+		NEDET	tosi ΓΔ	4. DATE OF DEATH	_	onth cembe	Do:	y Ye	
	sex 'emale			NEVER MARR	IED 🔲	B DATE OF BI		l ₁	9. AGE (In year lost birthday)	Months		IF UNDER	
100	during most of work House	ON (Give kind of wark a ling life, even if retired Wife	lone 10b.		OR INDU	STRY 11, BIRTH				12. CI	TIZEN O	F WHAT (OUNTRY
13.	Carl	Clark				14. MOTHE	r's MAIDEN N		ne ??				
	WAS DECEASED EVE	R IN U. S. ARMED FOR	ervice)	SOCIAL SECURITY NO		seph			Ac	ne as	#2		
		TH {Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO	1	ne for (a) (b), and (c)		40 tic	10.0	tr.	a tetal		INTE	RVAL BETY	WEEN DEATH
	Canditions, if ar gave rise to in cause (a), stating t lying cause last.	nmediate (·. <u>.</u>								
CERTIFICATION	PART II. OTH	er significant con	OITIONS C	CONTRIBUTING TO DE	ATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEAS	SE CONDITION G	IVEN IN PAR	T 1(a) 1	P WAS AT PERFOR	WED?
	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY (CCURRE	D. (Enter noture	of injury in Pi	ort I or Po	rt () of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Y Manth, Day, Yes	White at world	NJURY OCCURRED Nat while at wark	20e. PL. fo	ACE OF INJUR clary, street, af	Y (Home, farm, lice bldg., etc.)	20f. (Cit	y ar tawn)	(1	County)		(State)
	actual SIGNATURE	at I attended the	19	ti learner	death	occurred o	A	DDRESS (5	m the causes street, city ar town	n, slate)		e stated	
220	BURIAL, CREMATIO	ephen C.I		22c. NAME OF CEN	ETERY O	R CREMATORY			Maryl			(State)	
73. V 8	REMOVAL (Specify) Supple Truneral Directors alter Bro		ley,	Sacred I			Jesus	Bal	timore		GNATUR	đ E	



REET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where decresed lived, if institution, Residence before edm.ssion e. COUNTY MARYLAND b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neares! town) d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) 3. NAME OF Middle DECEASED (Type or print) DEATH [WIDOWED DO

16 SOCIAL SECURITY NO. 17. INFORMANT

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HEI

20% ACCIDENT WAS UNDERLYING [206. DESCRIBE HOW INJURY COURED. (Enter neture of injury in Part I or Part II of Item 18.)

Not While

filled in b

VR A15 (4)

REMOVAL (Specify)

13. FATHER'S NAME

CERTIFICATION

15 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

saw the deceased alive on

20c. TIME OF INJURY Month, Day, Year

gave rise to immediate cause (e), steting the underlying

MMED ATE CAUSE (a)

18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)

DUE TO

21. I certify that (I) (this hospital) attended the deceased

Itmbrase Fre 1328 Sulphur

While

20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f (City or town)

factory, streat, office bldg., etc.)

ATTENDING

PHYS.

DIRECTOR

and that death occurred at his from the causes and on the date stated above.

23d. LOCATION (City, town or county)

REGISTRAR 256, REGISTRAR'S SIGNATURE

Citing & three

b. COUNTY

9. AGE (In years | IF UNDER 1 YEAR

Months

last birthday)

(County)

Baltimore

IS RESIDENCE ON A FARM? YES NO D

IF UNDER 24 HRS.

INTERVAL BETWEEN

(Stelle)

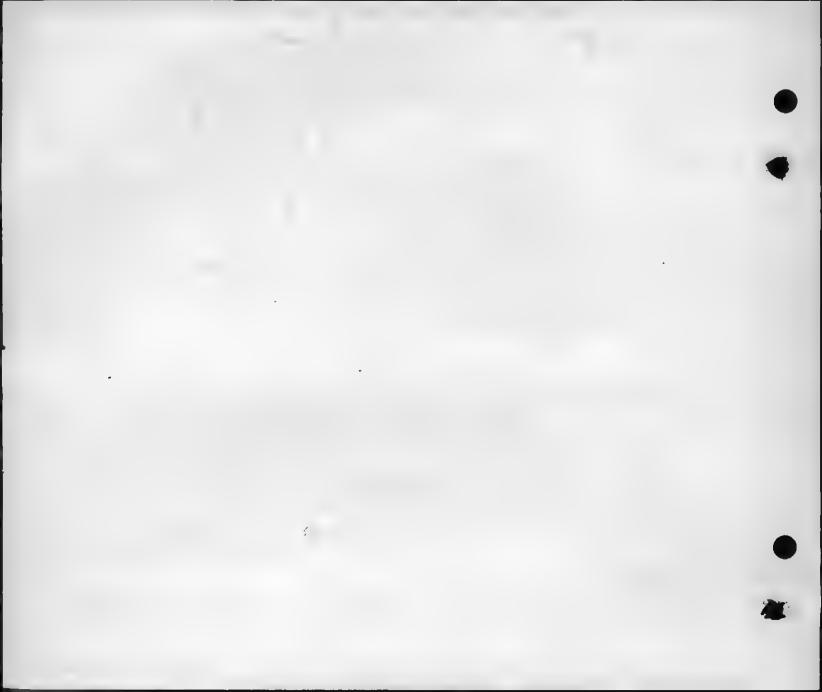
S GNED

19. WAS AUTOPS

PERFORMED? NO



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 1 Film G504 1/2/02 CERTIFICATE OF DEATH Reg. Dist. No. 2481 1. PLACE OF DEATH Dallimore County 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY CATONSVILLE 20 MARYLAND Med APFORD b. CITY OR TOWN (If outside corporate fimils, write c. LENGTH OF STAY IN Th c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town RE ROCKS 3mos.il davs d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION MONDONER Ra ON A FARM? GROVE STATE HOSPITA YES 🔀 NO 🗀 NAME OF 4. DATE Yeor DECEASED OF DEATH HEDIA ELLEN RILLINGSLEY (Type or print) DEC. 1961 6. COLOR OR RACE 7 MARRIED M NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys DIVORCED | 3-5-1911 WIDOWED IT 50 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) SEWING RACTORY WORKER Severy Factor uis. 13 FATHER'S NAME 14, MOTHER'S MAIDEN NAME RROOKS TOM LAURIE CUDILL 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address PAUL BILLINGSLEY, SAME AR HWSBAND. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CON GESTIVE HEART FAILURF FEW HOURS IMMEDIATE CAUSE (o) **DUE TO** HUDERTENSIVE CARDIOVALCULAR DISER Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLLY. WAS AUTOPSY PERFORMED? MELITUS DIABETES YES NO NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while of work 21. I certify that I attended the deceased from 15 - 1997, ta 7 - 2000, 1997, that I lost saw the deceased 19 t. f., and that death accurred at Q. 45AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE RESTRICTION NAMED NAME (Type) 22a. BURIAL, CREMATION, 27b. DATE THEREOI 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Bureak 23. FUNERAL DIRECTOR'S SIGNATURE 24o, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) DATEC 2 8 '61 15M 10/57



APYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH Item 23b Film 6305 1/8/62 mh 1. PLACE OF DEATH a. COUNTY b. COUNTY Baltimore MARYLAND Mary Land

c. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 13 days Fort Howard Baltimore
d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? Veterans Administration Hospital 924 N. Eden Street 4. DATE DECEASED (Type or print) तम सम BLAKE December 24 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED AGE (in yeers FUNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Deys Hours Min. B. DATE OF BIRTH Male Negro WIDOWED DIVORCED [February 10, 1895 66 yrs. 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Laborer Warehouseman Accomac Virginia U.S.A. 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT CL. (Yes, no, or unknown) | (If yes give war or detect from 18.) Archie Blake Clinical Records, VA Hospital Baltimore 18, Maryland-FORT HOWARD DIVISION MINERAL BRIVEN Yes WW-1 227-07-2137

18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PNEHMONTA 6 weeks XDEXUE. geva rise to immadiate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY Hypertensive Cardiovascular Disease. Arteriosclerotic Heart Disease 20e. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW NURY OCCURED. (Enter neture of injury in Pert I or Pert I of item 18.)
OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (State) factory, street, office bldg., etc.) While Not While et work et work 22b. DATE 22e. SIGNATURE ATTENDING SIGNED Charles DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VAH Balto 18, Md. - Fort Havard Division
CREMATORY 233. LOCATION (City, lown or county) (Stat 238. BURIAL, CREMATION, 236 DATE THEREO. 123c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Dec. 28,1961 ACCOMAC Accomac Virginia BURTAT. **ADDRESS** 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Chillian & Floria

VR A15 (4)

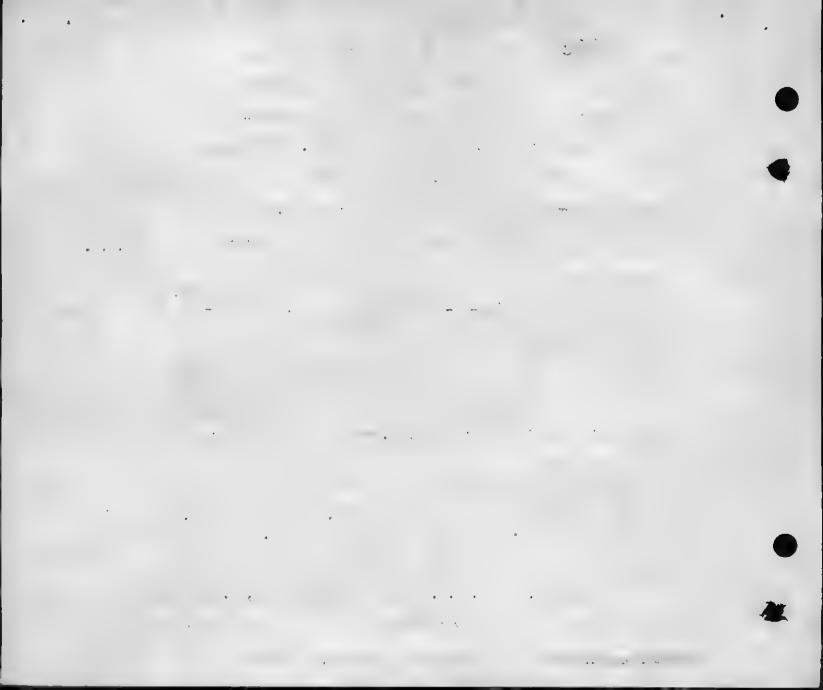
24 FUNERAL DIRECTOR'S SIGNATURE

Wharton and Savage

After this certificate

filled

Car



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13509 **CERTIFICATE OF DEATH** PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, If institution Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Marvland Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest Jown) RURAL and give neorest town) Rural-Baltimore Rural-Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 5533 Ritter Ave. YES NO TX 5533 Ritter Ave. First Middle 4. DATE Last Month Year OF DEATH Mari.e Bolland (Type or print) December 19 61 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8 DATE OF BIRTH AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Hours WIDOWED [*] DIVORCED | White Dec. 24. 1883 78 yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired! At home Austria U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Auer Elizabeth Binder 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address Alvina Bolland 5533 Ritter Ave IB. CAUSE OF DEATH [Enter only one couse per line far (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE DUE **DUE TO** II OTHER SIGNIFICANT CONDITI WAS AUTOPSY PERFORMED? YES NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Dov. Year (Stote) (County) factory, street, office bldg, etc.) While Not while ot work 🔲 at work D. an that I last saw the deceased and that death accurred at M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state

attending ecise 콥 PART I, DEATH WAS CAUSED BY Conditions, if ony, which permit. gned gove rise to immediate cause (a), stating the underlying couse lost. physician. 200 ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Hour o.m. 21. I certify that I attended the deceased from alive an ACTUAL SIGNATURE 3 shauld PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Buria Cedar Hill Cemetery Brooklyn, Md. O 23 FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR Ullrich Funeral Home 4210 Belair Road. DATE JAN 4

24b. REGISTRAR'S SIGNATURE C. Thun & Thomas

(Stote)

VS A1S (4) 1SM 9/SB

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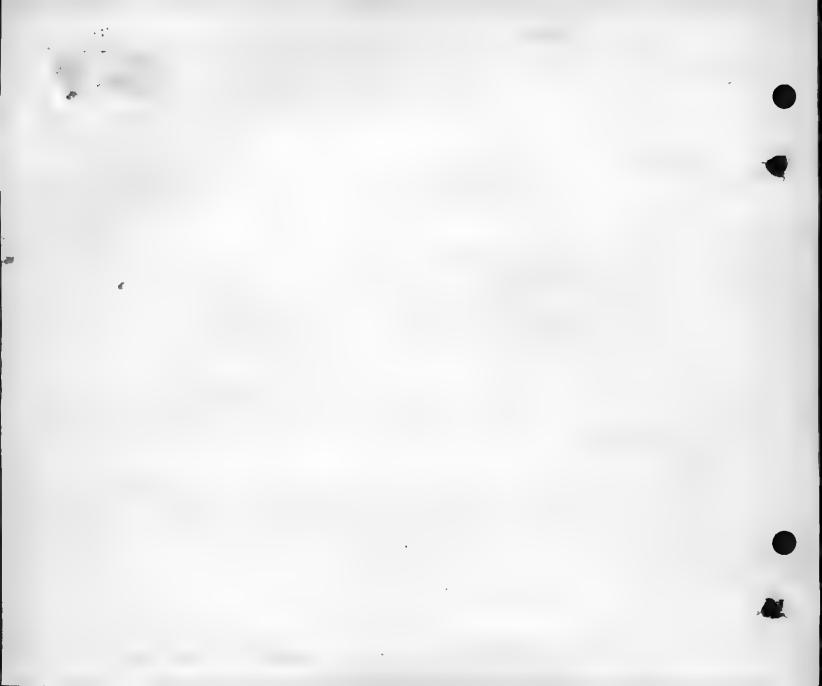
death.

NAME OF

Female

No.

DECEASED



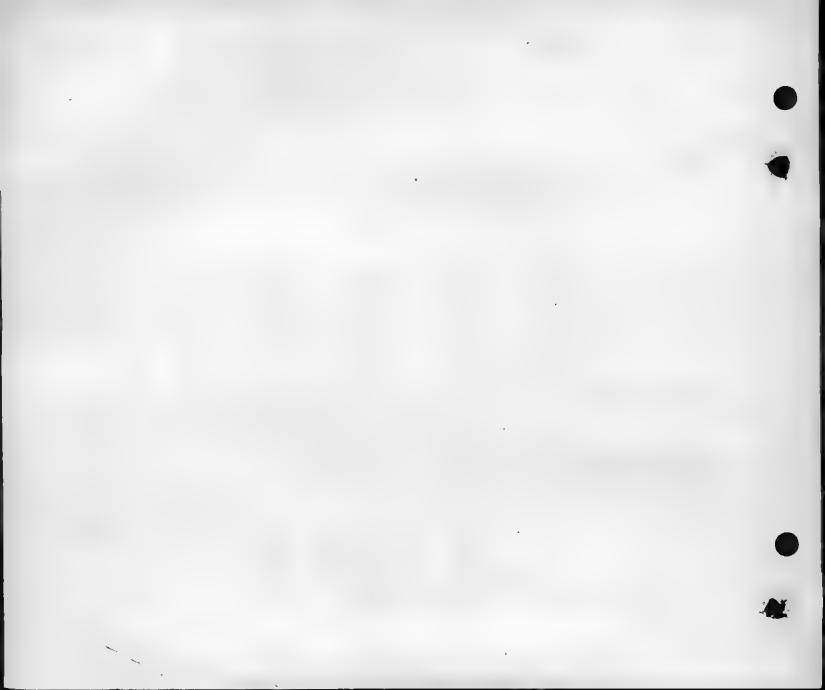
	in by the funeral director,	i and 2 shauld be filed with	1		1
haspital ar attending physicion.	:AL DIRECTOR: After this certificate has been signed by the attending physician and campletely fit in by the funeral director.	Jacob be detached for use as the burial-transit permit. Then please remove carban popers. Pages 1 and 2 shauld be filed with	s State Board of Health prior to burial, crematian, or =maval, and in any event, within 72 hours after death.	(
fretained haspital ar at	RAL DIRECTOR: After this cert	and 3 should be detached for use as	s State Board of Health prior to buri		

DING BINYBICIAN: The law requires that the death certificate be executed within

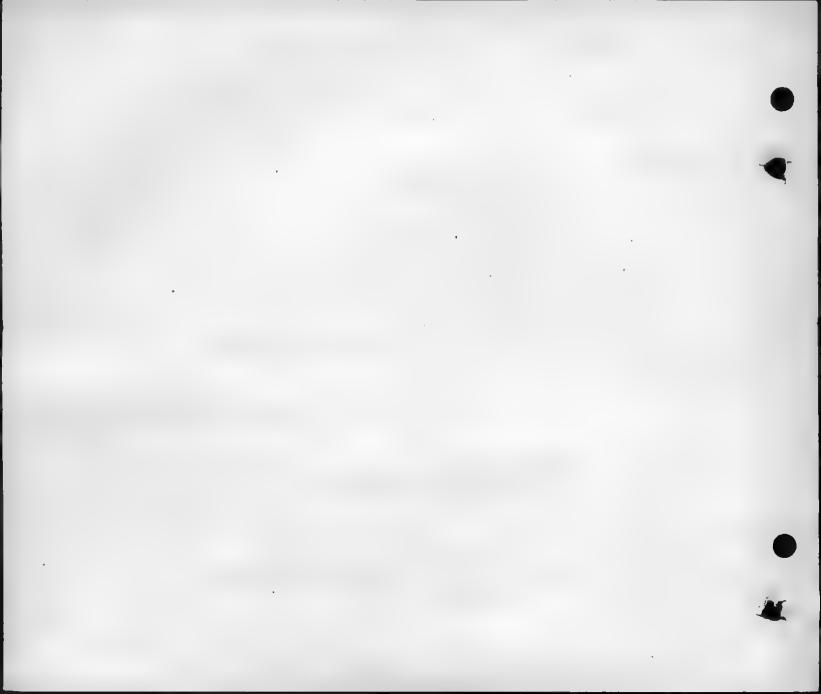
TO HOSPITAL OR A

VR A1S (4) 15M 9/59

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1. PLACE OF DEA 0. COUNTY		imore			MARY	LAND	2 U	SUAL RESI STATE		here deco		b COUNTY	an Residen	ce buta	re admis	s:an)
	WN (If autside give nearest tav		ls, write	c LENG	TH OF STAY	IN 1b	c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)								m)	
	nsville			lly:	r5mth2	8dys	Baltimore 3v01-4									
d. NAME OF F	HOSPITAL (If no	t in haspital, g	ive street	address)			d	STREET /	DDRESS						e. IS RE	SIDENCE A FARM?
SPRING	GROVE	STATE	HOS	SPITA	Ĺ		_3	339 E	elve	dere	Aven	ue				NO
3. NAME OF DECEASED		Fin	si		Middle			La	it	4. DA	TE	Mon	lh	Do	ly	Year
(Type or print)		Ma	thil	de	G.		Во	llmar	i	DE	ATH	Dece	mber	20		19 61
S. SEX	6 COL	OR OR RACE	7 MARI	RIED 🔲 N	EVER MARRI	ED 🖾 🏻	B. DAT	TE OF BIRT	Н		9. A	GE (In years			1	ER 24 HR
fema	le wh	ite	WIDOW	ED 🔲	DIVORCE	□□	Ju	ly 13	, 181	78	8	st birthdoy) 3 yrs.	Months	Days	Hours	Min.
10a USUAL OCCI	UPATION (Give	kind of work of	done 10b.	KIND OF	BUSINESS C	R INDUS	TRY	1. BIRTHP	ACE (State	e ar farei	gn country	·}	12 CIT	ZENO	WHAT	COUNTRY
nu rs	_							Ma	ryla	nd			U.	S.	A.	
13. FATHER'S NAM	ΑE						14.	MOTHER'S	MAIDEN	NAME						
Augu	st Boll	man						Car	coline	e Gri	Lmmer					
15. WAS DECEASI (Yes, no, or unknown)		ARMED FOR		SOCIAL S	ECURITY NO	. 17 IN	FORM	LANT				Add	ess (1			
unknow	n			unkno	own	Re	cor	ds:	SPRI	NG (GROVE	STAI	E HO	SPI	TAL	
1B. CAUSE C	F DEATH [Ent	er anly and ca	use per li	ne far (a),	(b), and (c)]										ETWEEN D DEATH
PART	I DEATH WAS	CAUSED BY: ATE CAUSE (a	E	leart	failu	re								ON.	JET AINL	DEATH
나	U O	DUE TO												Î		
Conditions	, if any, whi	ch) (b	F	neum	onia											
	ta immedia lating the <u>und</u> e	le (-				
lying couse		(c)														
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND 13511 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY b COUNTY MARYLAND b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) atomore d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? YES NO W NAME OF Middle DECEASED (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE 7 MARRIED T NEVER MARRIED TT 8 DATE OF BIRTH 9. AGE (In years lost birthdoy) Months DIVORCED N WIDOWED FT 100. USUAL OCCUPATION (Give Kind of work done 10b. KIND OF 8USINESS OR INDUSTRY during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAMI ,E 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT 50 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gave rise to immediate DUF TO cause (a), stating the underlying cause last. PAIR II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 14 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Part II of item 18) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that (I) (this haspital) attended the deceased fram 7-20 Il. to A Grant 19 that (1) (we) last and that death accurred at M. from the causes and an the date stated above. saw the deceased alive an 12 220. SIGNATURE SIGNED ATTENDING MED. DIRECTOR [] MD. 22c PHYSICIAN S NAME (Type) 22d ADDRESS 236 BUR AL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Md. Dec. 22.1961 Woodlawn, Buria Woodlawn Cemetery **ADDRESS** 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE 25g REC'D BY REGISTRAR I when & thous Turanach Fine Ama Catonacelie



TON STREET, BALTIMORE 1, MAR CERTIFICATE OF DEATH tem 14 Film G304 1/2/62 iwk
2. USUAL RESIDENCE (Where decessed lived, If institut on: Residence before admission) PLACE OF DEATH e. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outs de corporate limits e LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate lim ts, write RURAL and give nearest fown) write RURAL and give neerest town) .⊑ filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Sharon Drive Rt 1 Box 590 DECEASED (Type or print) DEATH 6 COLOR OR RACE T MARRIED NEVER MARRIED R DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest burthdey) | Months Days WIDOWED TO DIVORCED 100 OUSUAL OCCUPATION (G ve kind of work 106 KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) physic housewite 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address (Yes. no. or unkown) ((fyesgivewerordetesofservice) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Jestro Intestinal thomosphage PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause DUF TO (e), stelling the underlying PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1(0): 19. WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLY NG [] 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Port, or Port II of item 18., OR CONTRIBUTING CAUSE OF DEATH 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or lown) (Stete) (County) factory, street, office bldg , etc.) While ___Not While. et work et work 21. I certify that (I) (this hospital) attended the deceased from 04t, 15.7, to 25.4, that (I) (we) last saw the deceased alive on... De-C: 2-0.19 6/, and that death occurred at M. from the causes and on the date stated above. DATE 22e. SIGNATURI SIGNED W D RECTOR PHYS. PHYS. 22d. ADDRESS 22c PHYSIC AN'S NAME (Type) 1 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) \$ o to Baltimore. estern (emetery buria 26. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DEC 2 7 61 Carthur & France 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

YLAND STATE DEPARTMENT OF HEALTH

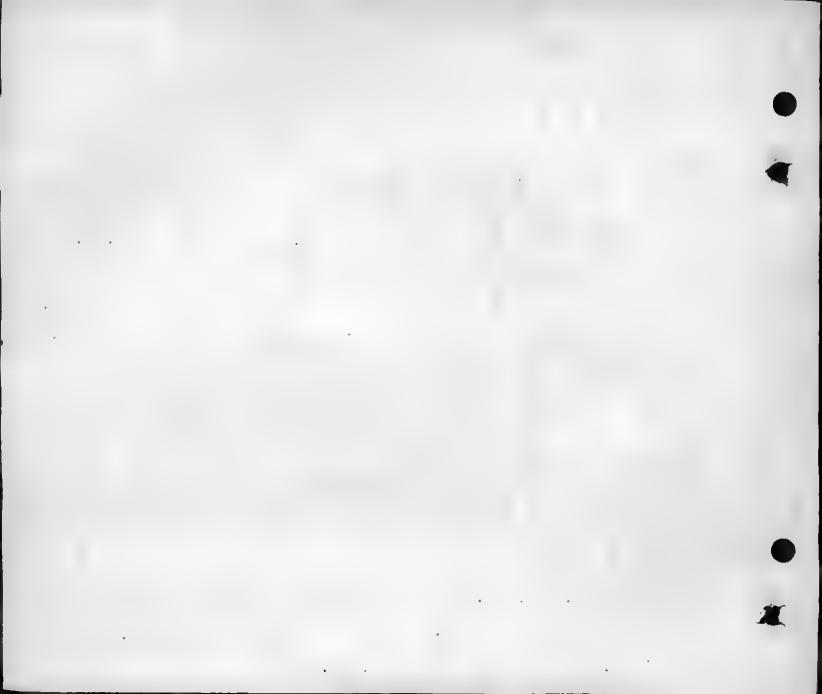
RYLAND STATE DEPARTMENT OF HEALTH



31	1.		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A	AARYLAND
s after funeral should	-		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution	Residence before admission)
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ithin ages 1 s after		F	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	S IS RESIDENCE
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etel Pers Pers 72 h		3.	NAME OF Frst Middle Last 4. DATE Month OF	Dey Year
OTT. Da		I	(Type or print) WILLIAM HILL BROOKE SEX 6. COLOR OF RACELY MADE TO THE BRATE OF BIRTH 18. AGE (In years of DIANE)	
be d arbor will			lest birthdey) Months	R I YEAR IF UNDER 24 HRS, Doys Hours Min.
iicate cian a ove ca event,		10a	Male White WIDOWED DIVORCED May 11, 1891 70 yrs. 1 a USJAL OCCUPATION (Give kind of work per during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore gn country) 12. Cone during most of working life, even if retired)	TILZEN OF WHAT COUNTRY?
th certification of the certif		A	Railroad Richmond County, Virginia FATHER'S NAME Railroad Richmond County, Virginia	U.S.A.
deal	T		Roderick B. Brooke Ella C. Harrison	_
the latter		(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ss, no, or unknown] (Ifyesgive were or deless of service)	
that n. the it.]			Yes WW-1 Clin Rec VAH Baltimore Md - Ft I	HOWARD DIVISION
ires sicia d by perm			PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) PRONCHOPNEUMONTA POSTEROLATERAL MYOCARDIAL	ON ONSET AND DEATH
phy phy igne nsit lion,			LEFT CORONARY OCCLUSION	UNKNOWN
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The strengs be be buria			(e), slating the underlying DUE TO PYELONEPHRITIS	
or of the the burning	4	z	COLO LOST. (c) COROWARY/THROTHOSTS PART I. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PA	UNKNOWN RT 1(e)1 19. WAS AUTOPSY
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hos cert r us		RTIFIC	206. ACC DENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH	
this d fo			(IF EITHER, NOTIFY MEDICAL EXAMINER)	
ned by After detache of He		MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, Hour e.m. While at work at work at work	ounty) (State)
reta be be			21. I certify that A (this hospital) attended the deceased from Oct. 21, 0.359 61 to Dec. 2, 1	
PECCO ST			saw the deceased alive onDec. 2	
L DIE			220. SIGNATURE ATTENDING MED STAFF PHYS. M.D. PHYS. DIRECTOR PHYS.	12-3-61
Page NERA Nr. pag	1		22c. PHYSICIAN'S NAME (Type) Ralph N. Lee M.D. VAH Baltimore 18 Md - Ft How	ard Division
racio		23	B. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or cour	nty) (State)
C o C o o		1	National Memorial Cemetery FAITS CHURCH	VIRGINIA
VR A15 (4) 15M 9/60		7.7	2 oku le 10 June 520 S. Washington St	·
		1 1	illian Demain & Son / Alexandria, Virginia DATE DEC 5 '61 Cutture	d. Maria



1 32		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18				
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	13493			
HEALTH DEPT		PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution, Residence				
# 8 € (M)		6. COUNTY 6. STATE WOULD b. COUNTY	timore			
Health,		b. CITY OR TOWN of outside corporate smits, write FURAL or STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and grand give nearest form)				
0.00		Reisterstown X Reisterstown				
dere dere		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) id STREET ADDRESS	IS RESID. NCE ON A FARM?			
Perol		15 Bond Avenue 15 Bond Avenue	YES NO R			
ded See	3	NAME OF DECEASED First Moddle Lost 4. DATE Month OF DECEMBER Thomas Brown DEATH December	16 19 61			
ony be he he he offer	5.	SEX 6 COLOR OR RACE 7 MARRIED TO NEVER MARRIED TO 8 DATE OF BIRTH 9. AGE (In 1990) IF UNDER TY	YEAR IF UNDER 24 HES			
T SE SE		Male Colored WIDOWED D DIVORCED June 16, 1874 87 yrs Months De	ays Hours Min			
Segre S	10c	during most of working life, even if retired)	N OF WHAT COUNTRY			
1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,		Janitor Carroll Co., Maryland U	. S. A.			
ns of Salahan	13.	3. FATHER'S NAME				
ra Pour	15	Thomas Brown Alice Ross 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address	a weath-the à a			
15 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		No Alice Young - Box 290, Earligh Hei	ahts Md.			
in a series	-	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL SETWING			
ed were		PART I. DEATH WAS CAUSED BY. Arteriosclerotic C-V Disease	5 yrs.			
in lin lin lin lin lin lin lin lin lin l		260 X DUE TO				
Office of the control		Conditions, if ony, which) (b) Diabetes	5 yrs.			
ld b er's buri		gave rise to immediate cause (a), stating the underlying DUETO				
min a on,		cause last. (c)				
Cro motion	ğ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	PERFORMED?			
Per Col	CERTIFICATION	20g. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 11 of Itam 18.)	YES NO Z			
Med by igt.	CERT	20. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH. 10 16 100 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18.)				
hour bank	1 .		ly) (State)			
1000 × 20	MEDICAL	Hour c. m. none 19 While of work of work of work of work				
Price		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection K., Inquiry	X, and in my			
EX Pad to	1	opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined ma	_			
20 55 S			DATE SIGNED			
AEDIC Cert Form		SIGNATURE 8. D. CORPLET M. D. CHIEF MEDICAL EXAMINER []				
A d d Sign		ASSISIANT MEDICAL CAMMINER	12-18-61			
5 Page	72	NAME (Type) D. D. Caples, M. D. DEPUTY MEDICAL EXAMINER 220 20. BURIAL CREMATION 22b DATE THEREOF 22c NAME OF CEMPTERY OR CREMATORY 22d LOCATION (City, town, or county)	(Chata)			
3	220	REMOVAL (Specify)	(State)			
5 . 5	23.	BUT1A1 12-20-61 St. Lukes Unurch Reisterstown, Md. 3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REG STRAR'S SIGN	ATURE			
VS. A15ME 5M 2 57		Charles R. Law 802 Madison Ave., Balto, Md. DATELLEG 19'61				
	1	The state of the s				



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND 13516 CERTIFICATE OF DEATH PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a COUNTY **b.** COUNTY MARYLAND b CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) the fun should e IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? 12 YES NO IR w 0 NAME OF Middle 4. DATE Last Month Year DECEASED OF DEATH (Type or print) ROWN 19 6. COLOR OR RACE 9. AGE (In years, IF UNDER YEAR IF UNDER 24 HRS. 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthday) Months Days WIDOWED Z DIVORCED [YES. 10a USUAL OCCUPATION (Give Kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) puo pou Sousewa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. attending 18. CAUSE OF DEATH [Enter only one couse per line, for (a), (b), and (c). INTERVAL BETWEEN ONSEJ AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** é Conditions, if ony, which gned gave rise to immediate **DUE TO** cause (a), stating the underbeen sig I-transit p lying couse lost. PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18) MEDICAL 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year (Stote) (County) factory, street, affice blda., etc.) Hour a.m While Not while 19 ot work at work 21 I certify that (1) (this haspital) attended the deceased from O OTO be-🗸 that (i): saw the deceased alive an and that death accurred at ZZZM, from the causes and on the date stated above 270 SIGNAZURE 22b DATE SIGNED ATTENDING PHYS. MD PHYS. DIRECTOR ZZc. PHYS CIAN S 22d ADDRESS 23g. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) EMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATUR **ADDRESS** 250. REC'D BY REGISTRAR VR A15 (4) nut S. Trace DATELLA 15M 9/59



RYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH astitutions Rasidence before admiss on e. COUNTY MARYLAND IS RESIDENCE ON A FARM? VES NO 3. NAME OF DECEASED (Typa or print) DEATH 5. SEX AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS esphythdey) Months Hours WIDOWED 10b, KIND O 12. CITIZEN OF WHAT (If yes give were detas of service) 18, CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c) ONSETAND DEATH PART I. DEATH WAS CAUSED BY: da IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immadiata cause DUE TO (a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY PERFORMED? NO T YES 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of Iem 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF !NJJRY (Home, ferm, ' 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED fectory, street, affice bldg , etc.) While Not While 21. | certify that (I) (this hospital) attended the deceased from 1952 to 19 ac 28, 196/that (1) (we) last and that death occured and M. from the causes and on the date stated above. saw the deceased alive on ... 22a. SIGNATURE PHYS. DIRECTOR 22c. PHYSICIAN'S NAME (Type) BUR.AL, CREMATE CREMATION

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DIRECTOR: After this certificate

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 13518 CERTIFICATE OF DEATH 1. PLACE OF DEATH
a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND ALTO b CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 15 þ RMRAL and give nearest town) should GALETHORPE JALETHURP d NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE 04 CUASHINGTON ST ON A FARM? YES NO NAME OF Middle 4. DATE Year OF DEATH DECEASED (Type or print) 19 9 AGE (In years S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF IF UNDER TYEAR IF UNDER 24 HRS lost birthday) Months DIVORCED [WIDOWED [7] 10a, LSUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? ring mast of warking life, even if retired) 13. FATHER'S NAME remove car ALVERTA CAWLINGS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 4364 WASHINGTON JY-UNLTEA LABER NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the under-NEWNONIA ying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES T NOZE 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f (City ar tawn) (County) (Stote) factory, street, affice bldg., etc.) Haur a.m. While Not while at wark 🔲 at wark 21 I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive and and that death accurred at, M. from the causes and an the date stated above 22a SIGNATURE SIGNED ATTENDING MD PHYS DIRECTOR -22c PHYSICIAN'S 22d ADDRESS NAME (Type) RIAL, CREMATION, 236 DATE THEREO. 23c NAME OF CEMETERY OR CREMATORY 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE

DATE

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4304 CLARHINGTON SH 4374 CHASHINGTON SH

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BUILDING SALES

NO 219-28 7368 W CHASEN FRIEDLANDS

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Marshir Pthyro 638 W. 1 mor St.

Orlandor - Part 10. Who

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13519 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institutions Residence by one edmission) a. COUNTY b. COUNTY **Baltimore** Maryland Talbot MARYLAND b. CITY OR TOWN (if outside corporete I mils, c. LENGTH OF STAY IN 16 c. CIY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL and give neerest town) Fort Howard 5 Davs Trappe d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Veterans Administration Hospital Route #1 YES NO 🔽 Box 64A NAME OF 4. DATE Lad Month Year DECEASED OF (Type or brint) DEATH R 19 LEVIN CAMPER December 61 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 1 8 DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR) 5. SEX IF UNDER 24 HRS. lest birthday) Months Male Negro May 21, 1888 WIDOWED IX DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE, County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired! Farmer Farming Trappe, Maryland U. S. A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Levin H. Camper Georgette Trippe 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17 Clinical Records, VAH, Baltimore 18, Maryland (Yas, no, or unkown) | (If yesq vewar or detes of service) Yes WW FORT HOWARD DIVISION 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARCINOMA OF AMPULIA OF VATER WITH METASTASES TO IMMEDIATE CAUSE (e) **MAKA** LIVER AND LUNGS UNKNOWN BRONCHOPNEUMONIA TERMINAL Conditions, if any, which [b] gave rise to immediate cause DUE TO (e), stating the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT, ON GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES TY NO [20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20s. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dey, Yeer 20d INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour s.m. et work et work 21. I certify that (1) (this hospital) attended the deceased from November 196I December...319..61 that 11 (we) last to saw the deceased alive on. December 3 19.61, and that death occured at D. M, from the causes and on the date stated above. 22b. DATE SIGNED DIRECTOR PHYS. PHYS. 12/4/61 ADDRESS 22c. PHYSICIAN'S NAME (Type) SEBASTIAN RUSSO, M.D. BALTIMORE 18, MD., FT. HOWARD DIVISION_ 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 230. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify)

Trappe Cemetery

ADDRESS

Elroy O. Wilson, 1000 Brantley Ave., Balto. 17, MoDEC 6

Trappe

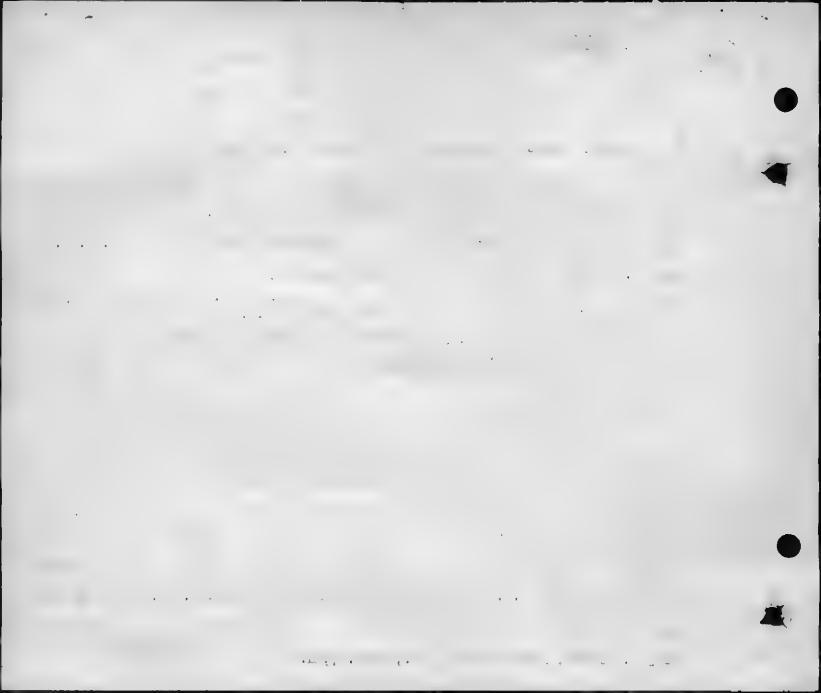
258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Maryland

plnous by the and 2: death. ò affer ,∈ Pages filled i 500 carbon with and pe burial-transit has been the ö certificate 35 0 use R: After this detached for DIRECTOR: 2 pluods उ**ठ** कुष्टु VR A15 (4) 15M 9/60

Burial

24 FUNERAL DIRECTOR'S SIGNATURE



TO FL

VR A15 (4) 1SM 9/S9

	•	MAI	RYLAI	ND	STATE	DEP.	ARTM	ENT	OF	HE/	LT
0.0	DIVISIO	N OF	STATISTI	CAL	RESEARCH	AND I	RECORDS	Ba	ALTIM	ORE	1. N

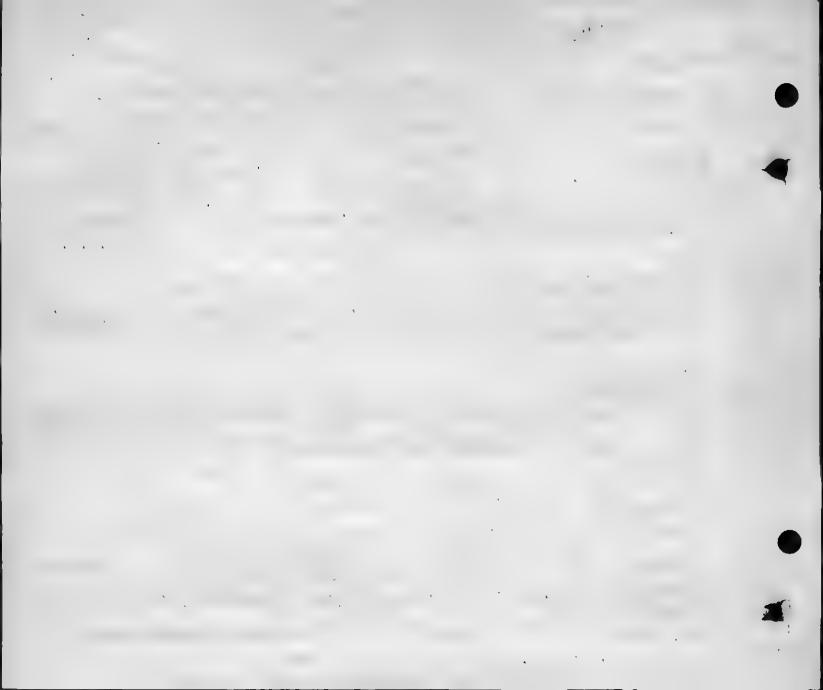
TH MARYLAND 13520 CERTIFICATE OF DEATH

13498

1.	PLACE OF DEATH Ba.	lto.		em i	MARYLAND	2 USU a. ST		(Where decease	d lived. If instit b. COUN		ce befare	admissi	on)
Г	b. CITY OR TOWN (If RURAL and give ne	autside carporate limi	ts, write	c. LENGT	H OF STAY IN 16	c C	ITY OR TOWN ((If outside corpo	orate limits, write	RURAL and	give nears	est town)	
L	and d	sville					Baltin	nore		=3.	101-1	4-	
	d. NAME OF HOSPITA	AL (If not in hosp tal, g	ive street a	iddress)		d. S	TREET ADDRESS	5			6.	IS RESII	DENCE FARM?
L	Caton Ridg	e Nursing	H_me				518 Ma	aude Av	9.			YES 🔲	
3	NAME OF DECEASED (Type or print)	Fir Jo	hn	L.	Middle Can	nox	Lost	4. DATE OF DEATH		12/3	/61		ear 9
5	SEX	6. COLOR OR RACE	7. MARRII	ED NE	VER MARRIED	B. DATE	OF BIRTH		9 AGE (In year	IF UNDER	1 YEAR I		-
	H	W	WIDOWE		DIVORCED	3/	/13/81		last birthday		Days	Hours	Min.
10	USUAL OCCUPATION	N (Give kind of work i	dane 10b K	(IND OF	BUSINESS OR IND	USTRY 11	BIRTHPLACE (SH	ate or fareign o	auntry)	12 CIT	ZEN OF V	WHATC	DUNTRY?
	800 00	ing life, even if retired; Finisher	'	Ret	ired		Mamo	rland		Į			
13	3. FATHER'S NAME					14. MC	THER'S MAIDE						
		Unk					Unk						
15	WAS DECEASED EVER	IN U. S. ARMED FOR	CE\$? 16. S	OCIAL SE	CURITY NO. 17.	INFORMAN			A	ddress			
1	Yas, no, or unknown)	If yes, give wor or dates of s	ervice)			Fa	mily			Same			
		TH [Enter anly one ca	use per line	e for (a),	(b), and (c).]	1	7)	1	ا السلام			VAL BET	
	PART I DEA	TH WAS CAUSED BY.	1		00	with	Cou	Mac	Fally	R	ONSE	T AND	DEATH
	4	DUE TO		0			70	ß .	^				
	Canditions, if a	ny, which) (b	1		oronous		Huc	medy					
	gave rise to it	n mediote	,		^ 1.		. A / .						
ı	lying cause last.	(c)		une	NON	eun						
Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	ONTRIBUT	TING TO DEATH BI	JT NOT REL	ATED TO THE TE	RMINAL DISEAS	E CONDITION	GIVEN IN PAI	RT 1(a) 19	. WAS A	UTOPSY RMED?
A.													NO L
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOV	V INJURY OCCURI	RED. (Enter	nature of injury	in Part I ar Pa	rt II of item 18.)				
MEDICAL	20c. TIME OF INJUR	Y Manth, Day, Yes		JURY OC			NJURY (Hame, f		y ar lawn)	(County)		(State)
WED	Hour o.m.	19	While at work		WILLIE	ociory, sire	er, dirice orag.,	eic.)					
		t (I) (this haspital) attende	ed the	deceased from	Ja	2	19 61 , ta_	Day.	19_	the	it (I) (s	ve) last
	saw the deceas	1	ec 3.		(), and that		courred at	m 61	the causes	1			
П	22a, SIGNATURE			00	3 3 110		1	1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0110 011 111	0_00.0		, DATE
L		Forus	, () 1	y L	way WY	M D PH	TENDING	MED DIRECTOR [STAFF PHYS.	/2.	一件、	_ 6	SIGNED
	22c PHYSICIAN'S NAME (Type)		6			220	l. ADDRESS						t
	Trane (type)										4 Tal-107 (07 100 tas)		
2.	3a BURIAL, CREMATIO	N. 23b. DATE THEREC)F	23c. NA	ME OF CEMETERY	OR CREMA	TORY	23d LOCA	TION (City, faw	n, or county)		(State	j
	REMOVAL (Specify)	72/7/67		Co	dor Hill	Com.		Balt	0 25 1	na .			
2	FUNERAL DIRECTOR	S SIGNATURE			RESS	0.0311	25a R		TRAR ZSE RE	GISTRAR'S S!	GNATURE		
	McCully Fu	neral Home	s 130	E. E	ort Ave.	# 30	DAE	C 6 '61	-	11 8 5	rand		

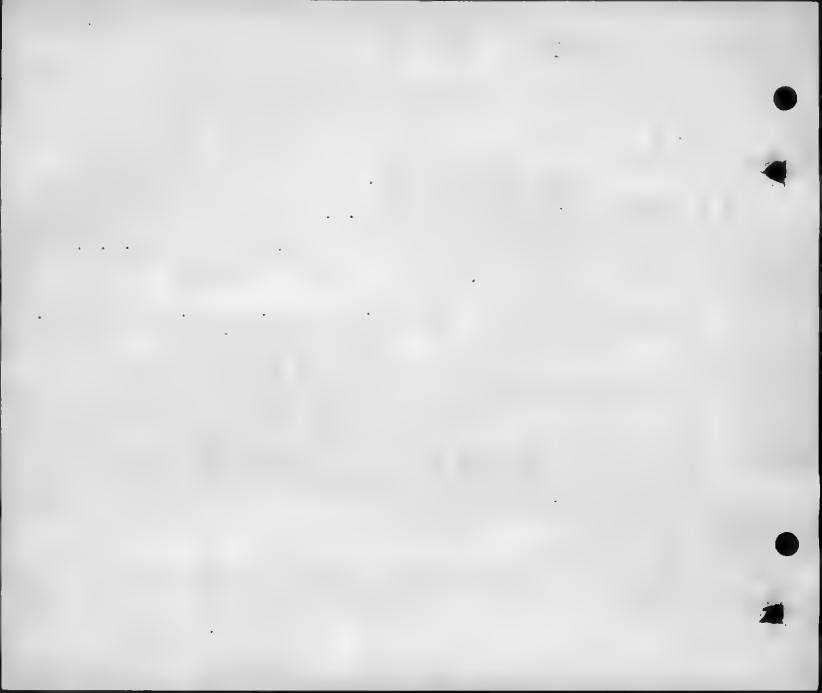


AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH e. COUNTY 2. USUAL RESIDENCE (Where decased lived, if institution: Residence before admission) director. Page or your files. oard of Health, Page e. STATE b. COUNTY Manuland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) fown) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Parkvi arkvi. Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? ond YES NO State 3. NAME OF Middle DECEASED OF (Type or print) ane anno DEATH Inaru December 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5, 5EX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS last birthday) age 5 may 1 and 2 wil 72 hours Months WIDOWED TO tema. 10aD USUAL OCCUPATION [Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? H. BIRTHPLACE (State or foreign country) done during most of working life, evan if relired) Housewi pages 1 within 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME arolina Sacrum 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or datas of service) same 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN e along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office **DUE TO** burial Conditions, if env. which (b) gave rise to immadiata cause **DUE TO** (e), stating the undarlying causa last. pesn CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART \$(a) | 19. WAS AUTOPSY PERFORMED? 8 NO F should 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. writing to Chief A Page 3 st 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or fown) (County) (Stata) fectory, street, office bldg., atc.) While Not While Hour am 1 th et work at work certificate, forwarded to the 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER D NAME (Typa) Address (Street, city, lown, or county) 22a, BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State) REMOVAL (Spacify) Duria land Memorial Park 23. FUNERAL DIRECTOR ADDRESS 24a, REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Cirthur & Thrus AISME 5M 9/60

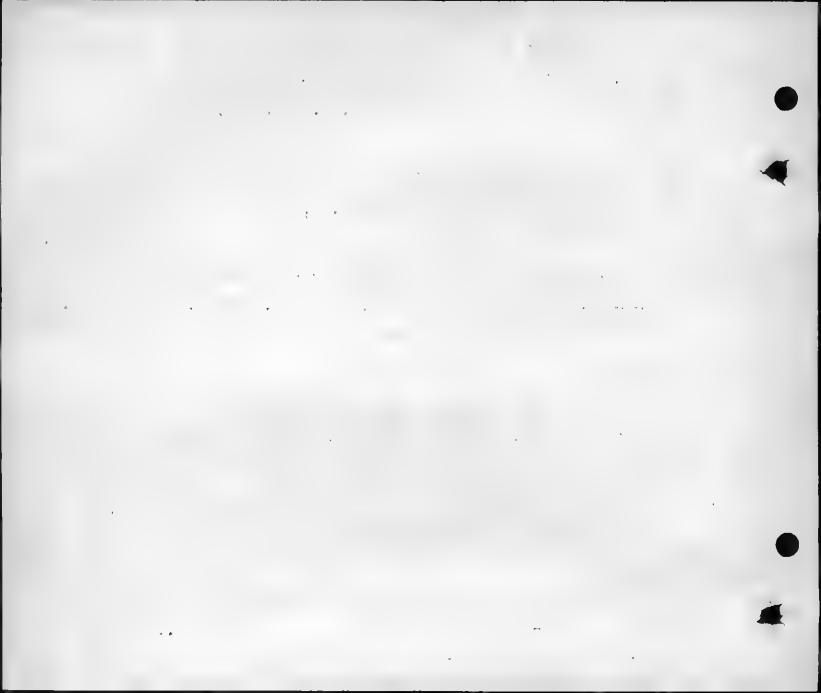


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARY FOOMEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLAME OF BUATR 2. USUAL RESIDENCE (Where decreed hived, If institution; Residence before edmission) a. COUNTY Page e. STATE b. COUNTY MARYLAND c. CITY OR TOWN if outside corporete limits, write RURAL and give nearest town) b CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 ő Middlesex HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? State 732 Corby Road YES NO I 3. NAME OF Middla Last 4. DATE DECEASED 19 60 1 (Typa or print) DEATH Charles Lindy Chaney, Jr. ¥:H 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF LNDER 1 YEAR IF UNDER 24 HRS. тау lest birthday) Months WIDOWED [DIVORCED Male Jan. This certificate should be executed within 24 hours after IO. 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11 BIRTHPLACE (State or foreign country) Page 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Student Baltimore, Maryland
14. MOTHER'S MAIDEN NAME U. S. A. pages 13. FATHER'S NAME Chanles Lindy Chaney,
15. WAS DECEASED EVER IN L.S. ARMED FORCES? Anna Elizabeth Nadreau 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) ((fyasgive war or dates of service) Office along with burfal-transit perm Wood, Sr.-4817 Wilein AVERIA 18. CAUSE OF DEATH lenter only one cause par line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: gave rise to immediate cause Se (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED? NO IF Plnoys 200 EXTERNAL CAUSE WAS
PRIMARY OF CONTRIBUTING CAUSE OF DEATH DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part I of Itam 18.) burial, forwarded to the Chies Month, Day, Year 20e, PLACE OF INJURY (Home, farm, 2Df. (City or lown) factory, street, office bldg., etc.) at work al work prior 21. I certify that I look charge of the remains described above, held an Autopsy I Inspection Inquiry 1 and in my opinion should be forwarded FUNERAL DIRECT Accident . Suicide Natural causes Homicide | Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL FXAMINER 62 NAME (Typa) Address (Street, city, town, or county) 220. BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCAT ON (City, lown, or country) (State) REMOVAL (Spacify) 40 Buri al Gardons Bel Air, Maryland
28, REC'D BY REGISTRAR; 246, REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VS. A15ME C. L'un S. Trace DATOEC 2 8 '61 5M 7/59

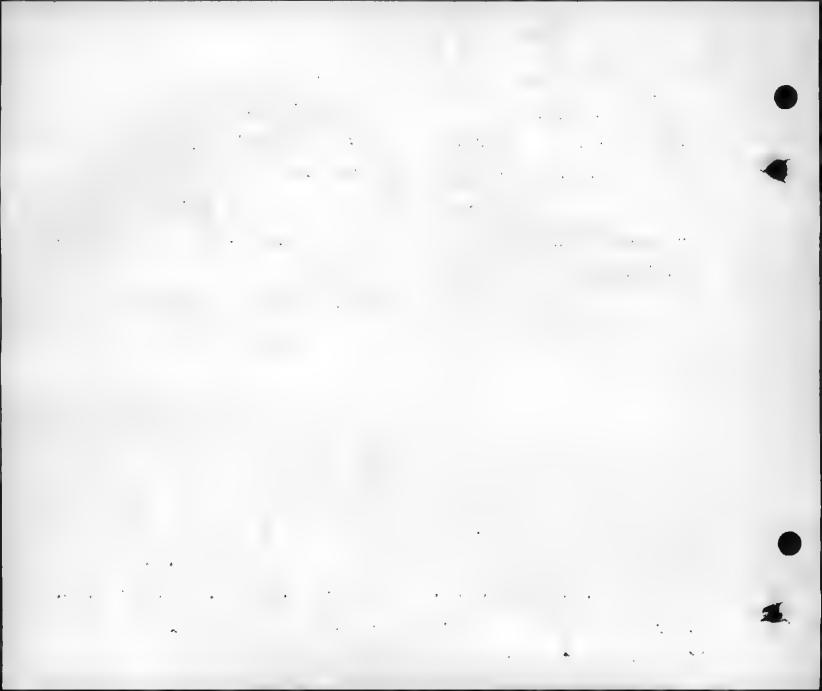
MARYLAND STATE DEPARTMENT OF HEALTH



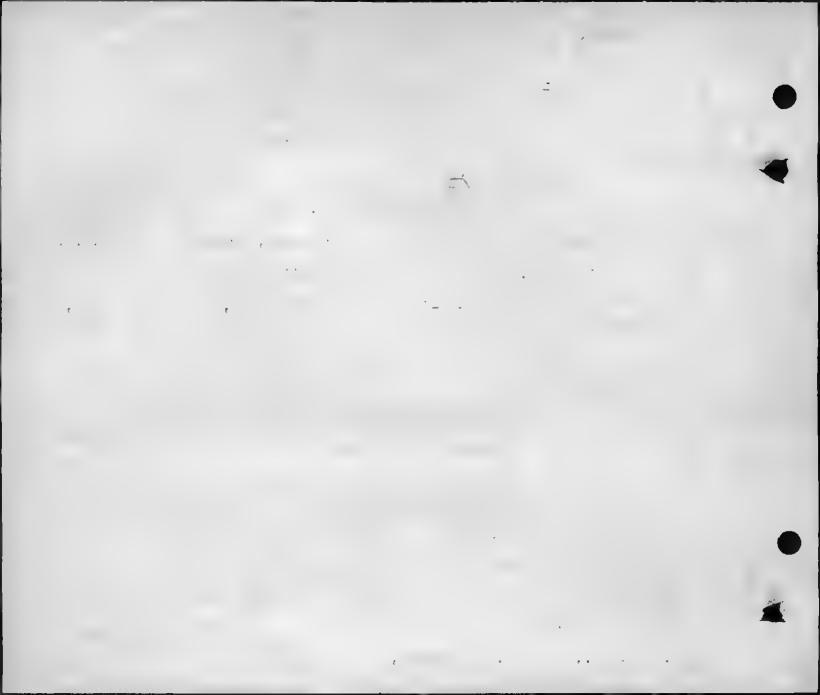
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND 13523 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, If institution, Residence before admiss on) n. COUNTY **b.** COUNTY Baltimore Maryland MARYLAND Carroll the funeral shauld be f b CITY OR TOWN (If outside corporate limits write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) week R. D. Mt. Airv Catonsville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 14 YES NOT Caton Ridge Nursing Home _ NAME OF First Middle 4. DATE Lost Month Day Yanı DECEASED OF DEATH BLIVER 12 (Type or print) CHANE 194.1 IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 9 AGE (In years lost birthday) S. SEX 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH campletely Months Dovs DIVORCED | WIDOWED TO 80 papers. afte Male hours 100. JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRYS during most of working life, even if retired) U. S. and Maintenance O. R.R. Maryl and carban 2 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Lewis Laura Medary Chanev 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address attending Arbutus, Md. Mr. Norman W. Wright. 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ᆲ PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) CORONARY THROMBOSIS INSTANTLOUS **DUE TO** ARTERIOSCLUROSIS Conditions, if ony, which UNKNOWIN te has been signed burial transit permi gove rise to immediate DUE TO couse (b), stoling the underattending physician. lying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY emation, PERFORMED? YES NO F 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) certificate 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) Hour o. m. While Not while p. m. at work at work After 19 19 C/ that (1) (we) lost 21 I certify that (I) (this haspital) attended the deceased from $(12/1)\nu$ 126/. to___ 1961, and that death occurred of TAM, from the causes and on the date stated above. saw the deceased alive on. DIRECTOR: 22o. SIGNATURE SIGNED ATTENDING MED. STAFF PHYS MD. SRAL DIR 22d ADDRESS 22c. PHYSIC.AN'S NAME (Type) I-DMONDSON 23a BURIAL, CREMAT ON, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 12-22-1961 Poplar Springs Burial Howard Maryland 0 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE A DÔRESS 25g REC'D BY REGISTRAR C. M. Waltz. Winfield, Maryland DATE 0 2 2 '61 ing & Tymes



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF HFAITH DEPI . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, If institution, Residence before admission) files. Health, a. COUNTY ... Maryland 6. COUNTY MARYLAND h = 1 b. CITY OR TOWN (if outside corporate tim.ls, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate him ts, write RURAL and give nearest town) write RURAL and give nearest town) ö DHNDALK UNDACK d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? ained 6726 Fifth Avenue Fifth Avenue State 6726 YES NO 3. NAME OF Middle 4. DATE Month DECEASED (Typa or print) DEATH B. DATE OF BIRTIN 7. MARRIED NEVER MARRIED 9. AGE (In years | IF JNDER 1 YEAR | IF UNDER 24 HRS dast birthday) Hours June 4, 1892 WIDOWED ⋤ DIVORCED [7] 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Page 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, 7 dona during most of working life, even if ratired)
Garment Worker Brunswick, Maryland U.S.A. pages 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME William W. Doll Adelia Thomas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or deles of service) -A Carroll Flanagan, 323 Westowne Road, Zone Office along with burial-transit perm 18. CAUSE OF DEATH [Inter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. HRIERY THROMBOSIS IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause ro pending **DUE TO** 50 (a), stating the undarlying Medical Examiner PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(a) 179. WAS AUTOPSY 8 PERFORMED? the word NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Jiem 18.) PRIMARY | or CONTRIBUTING | a certificate, writing the rarded to the Chief M CAUSE OF DEATH. 20e. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (Stata) factory, streat, office bldg., etc.] Hour a.m. While Not While al work forwarded to the L DIRECTOR: Po at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection and in my opinion death resulted from. Natural causes VI Accident . Suicide Homicide Undetermined manner should be forward PUNERAL DIRE CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Typa) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) BURIAL (Specify) 12-19-61 £40 p Baltimore National Baltimore ADDRESS 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME Wm. Cook, Inc., 1217 St. Paul Street, Zone2 5M 7/59 Curtury S. Thomas PAREC 2 0 '61



IVI.	AKILANU	DIAIL	DEPAKI	WENT	UF HEA	LIH
DIVISION O	F STATISTICAL	RESEARCH	AND RECOR	RDS - BA	LTIMORE 1	, MARYLANI
				A -		

		13526	CERTIFICA	ATE OF DE	ATH			1.000	
1.	PLACE OF DEATH o. COUNTY Ba	ltimore	MARYLAND	o. STATE	NCE (Where dece	osed lived. If institut b. COUNTY	/	erore combine	rant /
	b. CITY OR TOWN (IF	outside corporate limits, write	c. LENGTH OF STAY IN 16	H		rporate limits, write l	RURAL and give	nearest town	1)
	RURAL and give need Catonsv		23 days	Balti	imore		31/11.	4	
	d. NAME OF HOSPITA	AL (If not in hospital, give street		d. STREET AD	DRESS			e. IS RES	IDENCE
	SPRING GI	ROVE STATE HO	SPITAL	13 Eas	t Head S	treet			FARM?
3.	NAME OF DECEASED	First	Middle	Lost	4. DAY				Year
	(Type or print)	Frederick	T.	Collier	DEA	TH Decei	nber	Light	19 61
S. :	SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	S. DATE OF SIRTH		9. AGE (In years	Manths Da	_	
	male	white wow	PED DIVORCED	Dec. 9,	1907	last birthday] 53 yrs.	Manths Da	ys Haurs	Min
10a	. USJAL OCCUPATIO	N (Give kind of work done 10b ng life, even if retired)	. KIND OF BUSINESS OR IND	USTRY 11 BIRTHPLA	CE (State or foreig	n country)	12. CITIZEN	OF WHAT	OUNTRY?
	laborer				ington,	D. C.	U.	S. A.	
13	FATHER'S NAME			14. MOTHER'S N					
	Richa	ard Collier		Ma	rgaret S	ullivan			
	WAS DECEASED EVER	IN U. S. ARMED FORCES? 16 f yes, give wor or dates of service)	SOCIAL SECURITY NO. 17,	INFORMANT		Ado	dress		
[Yes		79-09-6098	Records: S	SPRING G	ROVE STA	FE HOS	PITAL	
	18 CAUSE OF DEAT	TH [Enter only one cause per l	ine far (a), (b), and (c).]					NTERVAL BE	TWEEN
	PART I DEAT	H WAS CAUSED BY:	Coronary thro	mbosis				DNSET AND	DEATH
	(72)	DUE TO							
	Canditions, if an		Cardiac disea	Se					
	gave rise to im	mediate (
	lying cause lost.	he under-							
ATION	PART II. OTHI	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO 1	THE TERMINAL DIS	EASE CONDITION GI	VEN IN PART 1(a	PERFO	AUTOPSY DRMED?
CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	SCRIBE HOW INJURY OCCUR	RED. (Enter nature af	injury in Part I or	Part II of item 18)			
MEDICAL	20c. TIME OF INJURY Haur a. m.	While	Nat while	PLACE OF INJURY (He actory, street, office I		City ar tawn]	(Cau	nly)	(State)
2	p. m.	Tal wa	rk ot wark						
	21. I certify that	(放為this hospital) atten				oDec			
		ed olive on Dec.	11961 , and that	death accurred	ள் <u>த்</u> 2M, fro	om the couses a	nd on the d		
	22a SIGNATURE	Sula Wa	elyder	M D. ATTENDING	MED DIRECTOR		12,	/1/61	B DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	Stella Wach	sler	22d ADDRES	- MALERIAL LAC	GROVE sville 28		HOSPI	AL
١.	REMOVAL (Specify)	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY			CATION (City, town,		(Stal	le)
	Burlar	12/5/61	Arlington			clington	, Virg	inia	
	FUNERAL DIRECTOR'S		ADDRESS		250 REC'D BY REC DEC 6	104	ISTRAR'S SIGNA		
	Robert A.	Pumphrey,	Bethesda, Ma	ryland	DATE WILLE U.	()	Then & f	CAMP	

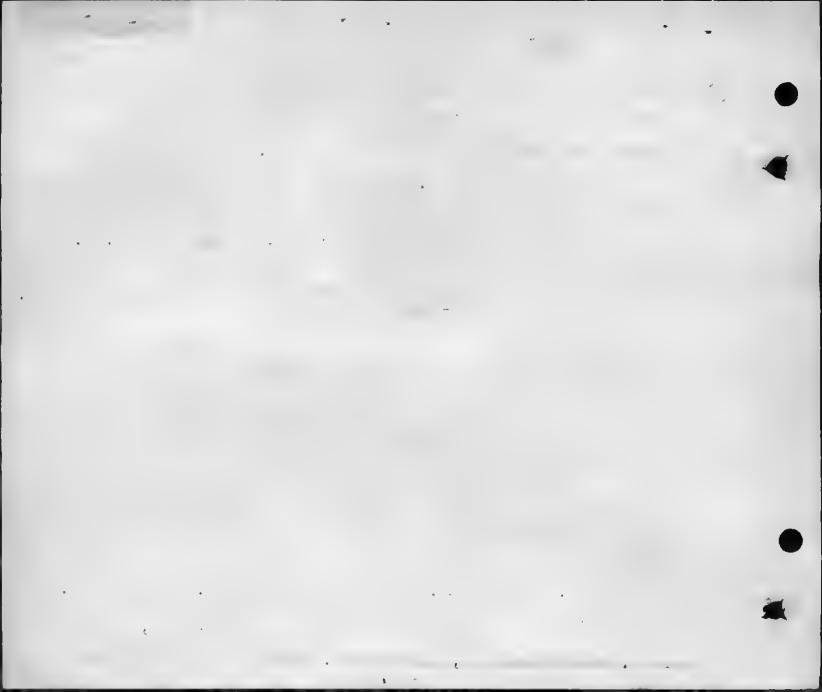
director, Page 4 in by the funeral

TO HOSPITAL OR A DINE PHYSICIAN: The law requires that the death certificate the executed within 24 haurs after more revained that this certificate has been signed by the attending physician and campletely file of in by the function of detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should the State Board at Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death

VR A15 (4) 1SM 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13527 CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where decessed fived, if institution, Residence before admission) PLACE OF DEATH e. COUNTY b. COUNTY Baltimore MARYLAND Marvland b. CITY OR TOWN (if outs da corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate film is, write RURAL and give neerest town) in by write RURAL and give nearest town) 15 days Beltimore Fort Howard filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, que street eddress) e. IS RESIDENCE ON A FARM? YES NO Veterans Administration Hospital Mount DECEASED (Typa or print) DEATH December 2 IF UNDER 24 FIRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED carbon 8. DATE OF BIRTH and last birthday) Months W.DOWED Male Negro 106. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or fora gn country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if raticad) Construction Charleston.West Virginia Laborer 14. MOTHER'S MAIDEN NAME Liza Dovle James Collins 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Clinical Records, VAH, Baltimore, Md. (Yes, no, or unkown) I (If yas giva war or dates of sarvice) Fort Howard Division After this certificate has been signed by the standard for use as the burial-transit permit. 18. CAUSE OF DEATH lEnter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. UNKNOWN APLASTIC ANEMIA IMMEDIATE CAUSE (a) DUE TO UNKNOWN MULTIPLE CYSTS OF THE KIDNEYS gave rise to immediate cause DUE TO (e), stating the underlying PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO 1 2D. ACCIDENT WAS JNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of in ury in Pert) or Part li of Itam 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY 2Dd. INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, 2Df, (City or town) (County) Month, Day, Year DIRECTOR: After 3 should be detect factory, street, office bidg., etc.) Not While Hour a.m. at work et work 21. I certify that (%(this hospital) attended the deceased from November 17., 1961, to December 2, 1961, that K) (we) last 22b. DATE 22a. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR M D 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) KOUKOULAS. M.D. VAH BALTIMORE, MD. - FT HOWARD DIV. 23d. LOCATION (City, lown or county) 23a, BURIAL, CREMATION, 23b, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (Stata) REMOVAL (Specify) & FOB Baltimore National Baltimore 28. Maryland Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRES5 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Civilian S. Krous **■**M 9/60 DATOEC 6 Elroy O. Wilson Funeral Home, 2004 Orleans St. Balto. Md.



MARYLAND STATE DEPARTMENT OF HEALTH



HEALTH DEPT. TC CPUTY MELICAL EXAMINER: This certificate should be executed within 24 hours after death. Jollay is necessary, p. se execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. delay is nec

VS. A1SME 5M 9,60 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13507

1352 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.	PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admiss	IOF
4.	Baltimore Maryland	e. STATE 6. COUNTY	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give pagast fown)	Maryland Baltimore . c. CITY OR TOWN (If outs do corporate limits, write RURAL and give neerest town)	
<u> </u>	Baltimore (6)	Baltimore (6)	_
Н	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS*	
3.	8200 Pulaski Highway - Trailer Camp	8200 Pulaski Highway - Trailer YES NOT	_
	(Type or print) MADV TET	OF 10 10 10(1	
-	L'HARL LEED	cosner	
ľ	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H	
	Female White WIDOWED DIVORCED	lug 17, 1894 67 vn.	
10	a. USUAL OCCUPATION (Give kind of work	RY 11 DETHPLACE State or foreign country) 12, CITIZEN OF WHAT COUNTRY	TRY
	one during most of working his, aven if relired) Housewife	South Carolina 2.	
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Mark Outel	I have the state of the	
1	WAS DECEASED EVER IN U.S. ARMED FORCES? 136. SOCIAL SECURITY NO. 1 17.	INFORMANT Address	
0	as, no, or unkown) [(If yes give war or dates of service)]	INFO MANT Address	
-	100 /100 /1	feller // lal	
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).)	INTERVAL BETWEEN ONSET AND DEATH	
П	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Acute focal bi	lateral bronchopneumonia, compli-	
	/ K (/) () DDETOX	A Service Description of the Party	
L		aalamatia halut linas la	
ı	gave rise to immediate cause (b) Cathing Atheron	sclerotic heart disease	
L	(a), stating the underlying DUE TO		
	cause lest. (c)	A AN ARROW WITH	
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP	
15		YES NO	
ΙĚ	200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY O CCURED.	(Enter neture of Injury in Part I or Part II of Itam 18)	-
L CERTIFICATION	PRIMARY : or CONTRIBUTING : CAUSE OF DEATH		
MEDICAL		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)	
×	p.m. 19 at work et work		
	21. I certify that I took charge of the remains described above, he	eld an Autopsy , Inspection , Inquiry , and in my opinio	п
		cide , Homicide , Undefermined manner	
	ACTUAL TO A RION O	CHIEF MEDICAL EXAMINER	
	SIGNATURE 100	M,D. ASSISTANT MEDICAL EXAMINER DATE SIGNED	
	EXAMINER'S	DEPUTY MEDICAL EXAMINER 🔼	
	NAME (Type) PETER W. RIECKERT, M.D.	Address (Street, city, town, or county) 12-11-61	
22	a. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or country) (State)	
1	Burial Dec 12, 194 Sandens.	of Faith Batto Md.	
3	FUNERAL DIRECTOR	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	
1	24- V. Funeral Home 1401 Belain	DAT DEC 1 4 '61	
D	and the same of the same of the same	UNIE IN INC.	_



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH RFALTH DFPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Page . files. Health, e. COUNTY Baltimore a. STATE **b.** COUNTY Marvland MARYLAND b. CITY OR TOWN (if outs da corporate | mits. c. CITY OR TOWN (If outside corporeta limits, write RURAL and give nearest town) E LENGTH OF STAY IN 15 write RURAL and give necrest town) director Catonsville Limth16dvs Bal timore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 80 State B SPRING GROVE HOSPITAT. 2705 Oswego Avenue 3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) Virginia UOX DEATH December death. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years I F UNDER 1 YEAR Hours of J тау 2, and 2 lest birthday) female white WIDOWED T DIVORCED [4 hours after Pages 1, 2, an 10e. USUAL OCCUPATION (Give kind of work I 106 KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or fore gn country) Page S done during most of working life, even if retired) housewife Virginia pages PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in pencil in Item 18. Give George Falls Irene Brooks 6 form 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (Ifyesgive war or detes of service) Address permit. unknown Records: STA TE Office along w burial-transit pu 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: Coronary thrombusis IMMEDIATE CAUSE (a) This certificate should be DUE TO Arteriosclerotic heart disease Conditions, if any, which (b) "pending" Examiner's (geve rise to immediate cause **DUE TO** (a), stelling the underlying Generalized arteriosclerosis ö be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY execute the certificate, writing the word all be forwarded to the Chief Medical EXERAL DIRECTOR: Page 3 should be Db. DESCRIBE HOW INJURY OCCURED. (Enter pattre of injury in Port for Pert II of from 18.) Pt. 1811 to 10-II-61 sustaining an intertrochanteric fracture of 2Ds. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Month, Dey, Year 20e. PLACE OF INJURY (Homa, ferm, ; 20f. (City or town) 20c. TIME OF INJURY factory, street, office bldg., atc.] 0 While Not While 1961 Catonsville 28. Faryland et work at work prior hospital p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry X. Accident K death resulted from: Natural causes Suicide [Homicide I Undetermined manner [CHIEF MEDICAL EXAMINER [designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE PULY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Should | George M. Kieffer, M. D. NAME (Typa) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Woodlawn Cemetery 5 g 4 5 g Baltimore, Maryland 248. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Ellsworth Armacost-4600 Liberty Hghts. Ave. DATE 5M 7/59

RYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

YES MO

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(Sleta)

YES NO

floor on

noinigo ym ni bns

DATE SIGNED

12. CITIZEN OF WHAT COUNTRY?

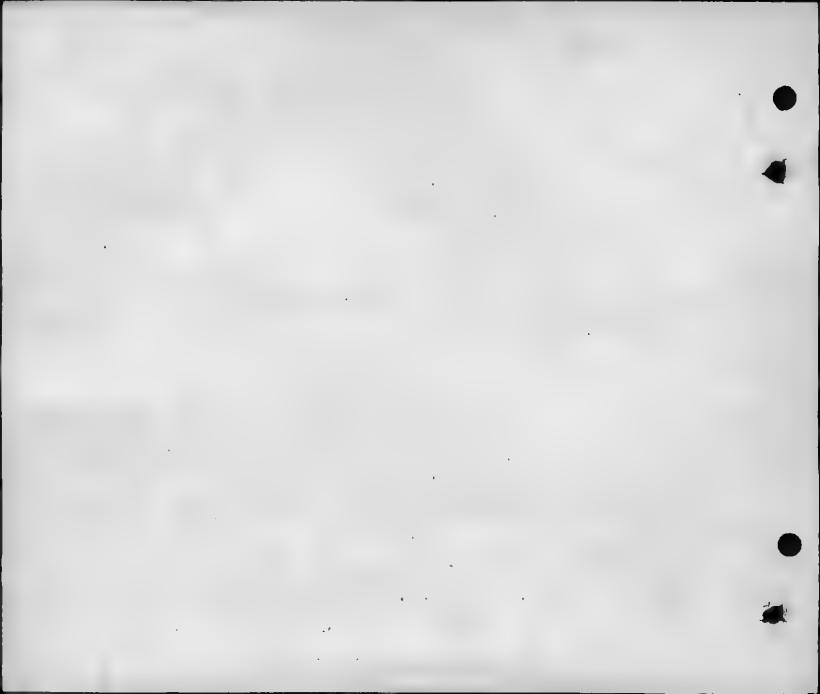
S. A.

HOSPI TAL

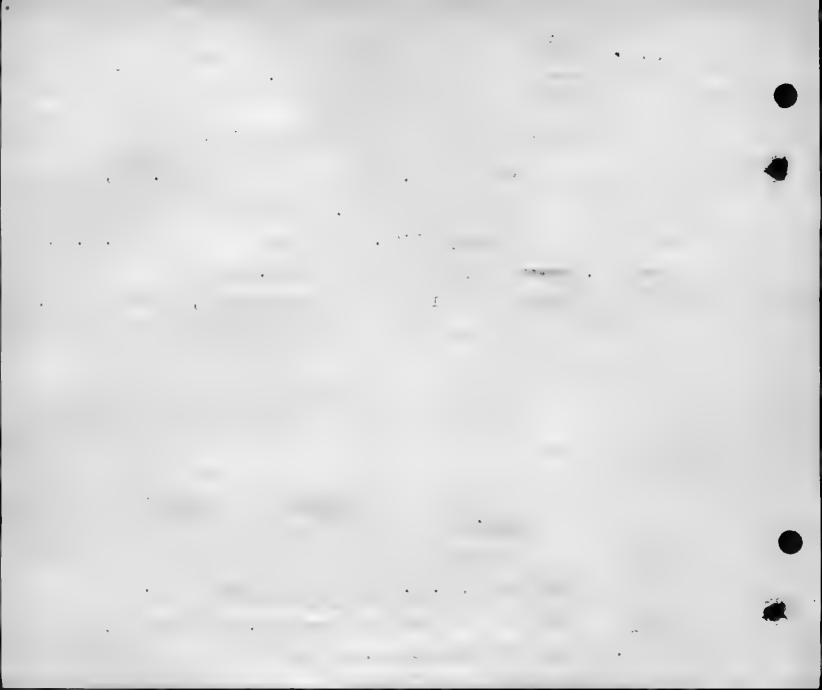
(County)

IF UNDER 24 HRS.

ON A FARM?



VLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1353: 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased leved, if institution, Residence before edmission) e. COUNTY b. COUNTY e. STATE Baltimore Baltimore Md. MARYLAND b. CITY OR TOWN (if outside corporete I mits. c. C.TY OR TOWN (If guiside corporete hmits, write RURAL end give neerest town) LENGTH OF STAY IN 16 write RURAL end give nearest town) Relay Relay in a filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RES DENCE ON A FARM? 5169 Gundry 'Lane 5169 Gundry Lane YES NO X 3. NAME OF Fired Middle DATE Month Yeer DECEASED OF 2. 1961 (Type or print) John N. Crook DEATH Dec. 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours white male WIDOWED . D. VORCED 29 Oct. VIS. physician 10e USJAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) machinist Calvert Dist. Maryland U. S. A. 13 FATHER'S NAME attending pl . 14 MOTHER'S MAIDEN NAME Nellie B. Berrett George G. and Crook 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) (If yes give warps dates of service) 8876 Mary Eleaner Crook. 5169 Gundry La.#27 ves physician. 18. CAUSE OF DEATH |Enter only one coupe per line for (a) (b), and INTERVAL BETWEEN signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) 420,1 DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), stating the underlying has the buri PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? as NO : use 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of 'njury in Pert I or Pert II of item 18.) After this 20c. TIME OF INJURY 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) [County] Month, Day, Yeer Not While fectory, street, office bldg., etc.) While Hour e.m. DIRECTOR: Al December 2 et work et work December 2 p.m. 196, that (I) (we) last 21. I certify that (1) (this hospital) patended the deceased from.... saw the deceased alive on. SIGNATUR 22b. DATE ATTENDING SIGNED STAFF DIRECTOR PHYS. PHYS. Page 4 PHYSICIAN'S 22d. ADDRESS NAME (Type) John Healey, M. D. Francis Ave. 23e. BUR AL, CREMATION, 236. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (Stete) di di Baltimore National Cem. Baltimore, Md őO **ADDRESS** 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Howard H. Hubbard 4107 Wilkens Ave. 15M 9/60 Curing S. Frank



TO HOSPITAL OR ATTE

TO FL

VS A15 (4) 15M 10/57

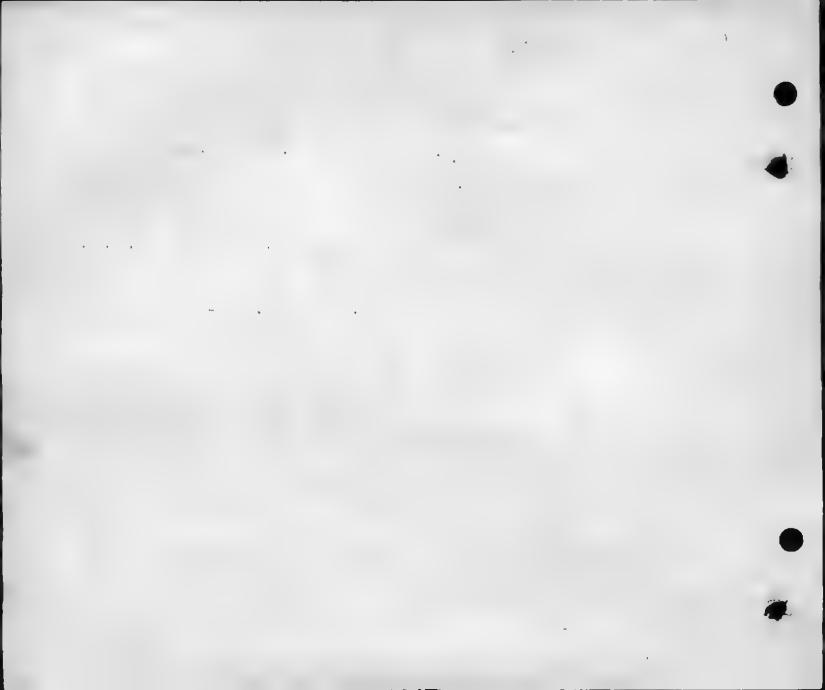
I

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13532 CERTI	FICATE OF DEATH	Reg. Dist. N. 3510
1. PLACE OF DEATH O. COUNTY Baltimore MARY	II o STATE ne n	b. COUNTY Baltimore
b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Dundalk 7 yrs	IN 1b c CITY OR TOWN (If outside corporate I Dundalk X	imits, write RURAL and give nearest town)
d NAME OF HOSPITAL (If not in hospitol, give street address) Res., 8029 Del Haven Road	d. STREET ADDRESS 8029 Del Haver	e. IS RESIDENCE ON A FARM? YES NO FAR
3. NAME OF First Middle (Type or print) Gertrude	Cross 4. DATE OF DEATH	Month Day Year Dec. 22. 19 61
5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIE Female White widowed Divorces		GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS st birthday) Manths Days Hours Min
10a. USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS O during most of wacking life, even if retired). NU. 180	R INDUSTRY 11. BIRTHPLACE (State or foreign country Connecticut:	12. CITIZEN OF WHAT COUNTRY? U.S.A.
Daniel Jones	Mary E. Dot	37
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. [19], po. or unknown) [1] yes, give wor or states of service) [1] O	. 17. INFORMANT	Address Rodearmel 8029 Del Hav
18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	1- DISEAS	PERFORMED?
OR CONTRIBUTING LI CAUSE OF DEATH OF EITHER NOTIFY MEDICAL EXAMINERS 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour e. m. While Indoorhite	CCURRED. (Enter nature of injury in Port I or Port II of 20e PtACE OF INJURY (Home, form, 20f. (City or to foctory, street, affice bldg., etc.)	
21. I certify that I attended the deceased from		2, 19/2, that I last saw the deceased e causes and on the date stated abave. city or town, state) DATE SIGNED 22 Mar. 12/22/61
220 BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEME BURIAL Specify) 12-23-1961 Mt. Calt		(City town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JOHN J. DUDA 7922 Wise Ave. 22.	240. REC'D BY REGISTRAR DATE	24b REGISTRAR'S SIGNATURE



RYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 135**33** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission e. COUNTY **b.** COUNTY e. STATE Baltimore MARYLAND Maryland ... CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits, C LENGTH OF STAY IN 16 write RURAL and give neerast town) c Baltimore Baltimore Pages d NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street eddress) d, STREET ADDRESS a. 15 RESIDENCE ON A FARM? Shady Nook Nursing Home-1001 N. Rolling 1800 N. Charles Street YES NO 3. NAME OF DECEASED (Type or print) DEATH December 22, 1961 19 Curtis 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER I YEAR, IF UNDER 24 HRS. B DATE OF BIRTH lest birthdey) Months and Hours event, WIDOWED T DIVORCED May 2, 1887 Female physician 10e. USJAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11. BRIHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Baltimore, Maryland U. S. A. Retired (Librarian) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Robertson Clara Tabb ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) i (Ifyes give wer or dates of service) Mrs. Gertrude B. Wood-hOl Woodlawn Road 18. CAUSE OF DEATH [finter on y one couse per I ne for (a), (b), and (c)] ONSET AND DEATH DEATH WAS CAUSED BY: 3 ivacho IMMEDIATE CAUSE (a) DUE TO Conditions, fany, Which peen geve rise to immediata cause **DUE TO** (a), stating the underlying certificate ha PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 1 206. ACCIDENT WAS UNDERLYING [] 206. POSCRIBE HOW INJURY OCCURED. (Enter neture of in ury in Pert I or Part II of Item 18.)
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) [20d INJURY OCCURRED | 20e PLACE OF INJURY (Homa, farm, 20f. (City or town) 20c. TIME OF INJURY (County) (State) factory, street, offica bldg., etc.) While _Not While et work | et work | 22b. DATE 22e SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. Page 4 22c. PHYSICIAN'S 22d. ADDRESS director, i 23d. LOCATION (City, town or county) 23a. BUR AL, CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) ပ္ပိုင္ခ Loudon Park Cemetery Baltimore, Maryland Burial 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) Canal S. Thous 15M 9/60 DATES EC 2 6 '61



MARYLAND STATE DEPARTMENT OF HEALTH

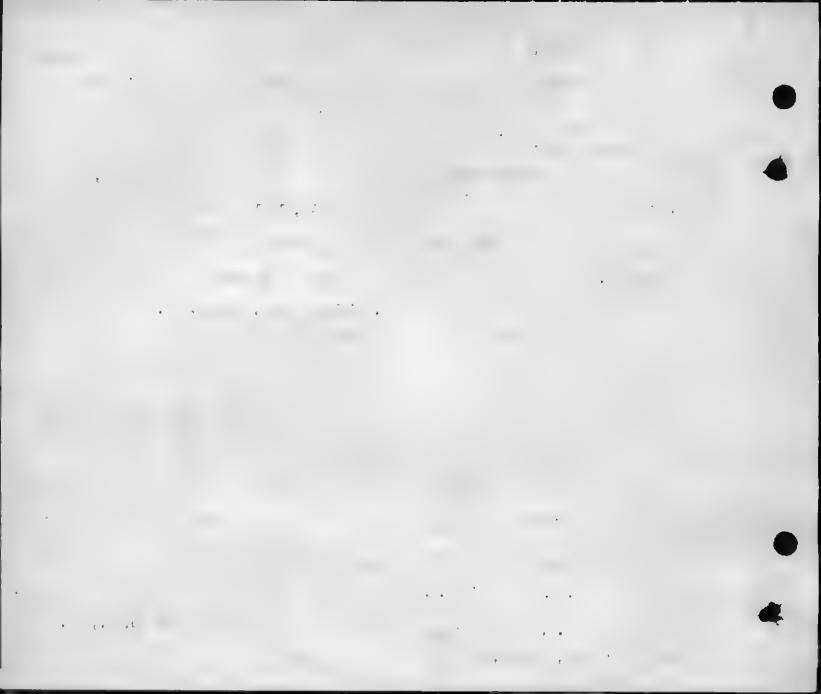


AND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND 135**3**5 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Whara daceased I yed, If institution, Residence bafora admission) I. PLACE OF DEATH a. COUNTY 5. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate I mits, E LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and giva nearast town) .5 a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO [NAME OF DECEASED OF DEATH (Type or pr nf) FONZO AGE (In years | IF UNDER I YEAR 5 SEX 8. DATE OF BRTH IF UNDER 24 HRS. NEVER MARRIED last burthday) WIDOWED 10s. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? TOB. KIND OF BUSINESS OR INDUSTRY (County & State, or loraign country) dona during most of working life, even if retired) merchan 13 FATHER'S NAME 14. MOTHER'S MAIDEN MAME Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 1 17. (Yas, no, or unkown) | (Ifyesgivawarordatasofservica) 18. CAUSE OF DEATH [Enter only one cause per ine for (a), (b)/any INTERVAL BEIWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IN **DUE TO** Conditions, if any, which (b) gava risa to immadiata causa **DUE TO** (a), stating the underlying causa last. PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 9 PERFORMED? NO To 20b. DESCRIBE HOW INJURY OCCURED (Entar natura of injury in Part I or Part II of Itam 18) 20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY [Homa, farm, 20f. (City or fown) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, straet, office bldg., atc.) While Not While Hour a.m. at work at work 19 attended the deceased from... (Ihis-hose and that death occured at Inc. 1/M. from the causes and on the date stated above. saw the deceased 22a. SIGNATURE ATTENDING V DIRECTOR PHYS. PHY5. M.D. 22d. ODRESS 22c. PHYSICIAN'S NAME (Typa) 23c NAME OF CEMETERY OR CREMATORY (Stata) 236. LOCATION (City. BURIAL, CREMATION, 1 236 DATE THEREOF REMOVAL (Spacify) dir. 0 25a. REC'D BY REGISTRAR 255, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS-VR A15 (4) withing & House 15M 9/60



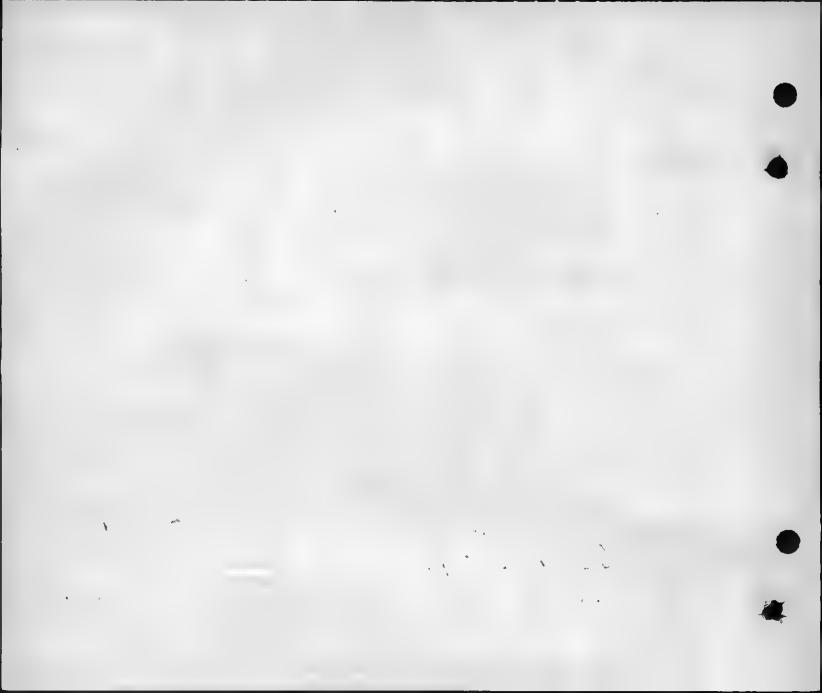
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 13536 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence e. COUNTY b. COUNTY Baltimore Marvland Baltimore MARYLAND h. CITY OR TOWN (f outside corporete limits, pue deat c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) Towson affer 5-Towson Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress) IS RESIDENCE d. STREET ADDRESS ON A FARM? 604 Allegheny Avenye YES NO T 604 Allegheny Avenue papers. NAME OF DATE Middle DECEASED CARRIE December CLTD. DANCE 61 (Type or print) DEATH 19 mos carbon withi 9. AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED TNEVER MARRIED B. DATE OF BIRTH 80 Months Deys and Hours Female White April 10, 1881 WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR NOUSTRY 11 BIRTHPLACE (County & State, or foreign country) гетоме done during most of working life, even if retired) USA Own Home Virginia Housewife phy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please ding Sarah Vermillion Robert E. Old 15. WAS DECEASED EVER N.L.S. ARMED FORCES? 1.16. SOCIAL SECURITY NO. 17. INFORMANT aften (Yes, no, or unkown) | (Ifyes give wer or deles of service) G. Willard Dance, Towson, Md. None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for .s), (b., end (c). ONSET AND DEATH þ DENOCARCINOMA OF CERILIX PART I. DEATH WAS CAUSED BY: g physic IMMEDIATE CAUSE (at DUE TO Conditions, if any which peen geve rise to immediate cause DUE TO (e), stating the underlying has hospitar certificate had cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS ALTOPSY CERTIFICATION PERFORMED? CENCRALIZED ARTERIOSCIEROSIS. NO 20b. DESCRIBE HOW IN. URY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) 20s. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER detached (Stete) (County) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, ferm, 20f. (City or town) Month, Day, Year fectory, street, office bldg., etc.) Not While While Hour a.m. et work et work DIRECTOR: 21. I certify that (I) (His hospital) attended the deceased from A 1961, and that death occurred a PAM, from the causes and on the date stated above pluods saw the deceased alive 22b. DATE 22e. SIGNATURE SIGNED STAFF ATTENDING DIRECTOR PHYS. PHYS. ERAL 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) W. Permsylvania Avenue, Towson J. C. Siwinski, M.D. 23d LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) 230. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) Greenwood. Balto.Co., Md. ₹ 5 Jan. 2. 1962 Waugh Chapel Cometery Burial 0 250 REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE DATE JAN 3 VR A15 (4) '62 Chilling & Thous John Burns' Sons, Towson, Maryland 15M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH



MEDICAL EXAMINER'S CERTIFICATE OF DEATH should be ematian Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY o. STATE **b.** COUNTY Bal Timore MARYLAND Raltimore. burial, b. CITY OR TOWN (If outside corporate firmts, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Catonsville Catonsville D d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 115 Bloomsbury Ave 115 Rlocmslyiru YES NO NAME OF Middle DATE Last Month Year DECEASED ,1961 (Type or print) DEATH Dec. 8 Madue Marie Daugherty 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (n years IF UNDER TYEAR IF UNDER 24 HRS. Doys Hours Min. WIDOWED | DIVORCED [Fem. YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) House Wife Hoine 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME bod Page 15. WAS DECEASED EYER IN U. S. RMED FORCES? (Yes. no. or unknown) (If yes. give for or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Give 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) accident Cerebral thrombosis alang with far burial-transit **DUE TO** Hypertensive cardiovascular discase Conditions, if any, which gove rise to immediate couse **DUE TO** (o), stoting the underlying couse lost. pending in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 12. WAS AUTOPSY õ PERFORMED? used YES | NO N 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (\$!ote) factory, street, office bldg., etc.) While Not while O. M. of work of work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection, X Inquiry M. and find that to the Cast death resulted fram: Natural causes Accident . Suicide . Homicide . Undetermined cause ACTUAL SIGNATURE DATE SIGNED CHIEF MEDICAL EXAMINER VIRAL 05. ASSISTANT MEDICAL EXAMINER Ŕ EYA MINER'S NAME (Type) Geo. S.M. Kieffer M.D DEPUTY MEDICAL EXAMINER [] 010 Locals Ave . Dec . 8 . 6] 220 SURIAL CREMATION. 22b. DATE THEREOI 22c. NAME OF CEMETERY OR CREMATORY 22d_LOCATION (City, town, or county) (Stote) FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) must de DATE 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY e. STATE **b.** COUNTY Baltimore MARYLAND XXXXX none b. CITY OR TOWN (if outside corporete limits. c. CITY OR TOWN (If outside corporete I mits, write RURAL end give neerest town) E. LENGTH OF STAY IN 16 write RURAL end give neerest town) Baltimore Baltimore d. NAME OF HOSPITAL OR INSTITUTION (final in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO T 1110 Elm Road 435 S. Bentalou 3. NAME OF Yeer M ddle DECEASED OF Joseph H. Davidson Dec. 1961 DEATH (Type or print) 9. AGE (In yeers FUNDER I YEAR) 6. COLOR OR RACE T. MARRIED NEVER MARR ED . B. DATE OF BIRTH IF UNDER 24 HRS. 5. SEX lest birthdey) Months Days Hours 83 DIVORCED Aug. 25,1878 male WIDOWED 1Da. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUS NESS OR INDUSTRY 11 BIRTHPLACE (County & State or fore an country) 112 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Grave Digger Retired XXX U. S.A. Baltimore. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Davidson Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (son) (Yes, no. or unkown), (If yes give war or deles of service); 07 0377 Frank J. Davidson 1110 Elm Rd. #27 1B. CAUSE OF DEATH [Enter only one couse per | ne for (a), (b) end (c), ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, (b) geve rise to immediate cause DUE TO (e), stating the underlying cause lest. PART II, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? NO -20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 20e, PLACE OF NJURY (Home, ferm, 2Df. (City or town) (County) (State) Month, Dey, Year factory, street, office b do., etc.) __Not While Wh le Hour e.m. et work et work 1960 to the 15 , 196, that (1) (va) last saw the deceased alive on ATTENDING 22b. DATE 220 SIGNATUR STAFF S GNED DIRECTOR PHYS. 22d. ADDRESS 22c. BHYS CIAN'S 3508 Bank St. 23d. LOCATION (City, lown or county) 236. BURIAL, CREMATION, | 235 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Loudon Park Cemetery Baltimore, Md. Burial 256, REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE ADDRESS. 24 FUNERAL DIRECTOR'S SIGNATURE

Howard H. Hubbard 4107 Wilkens Avenue

Circling S. Thouse

DATE DEC 1 9 '61

자 A15 (4) 15M 9/60

Priate 4

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physician

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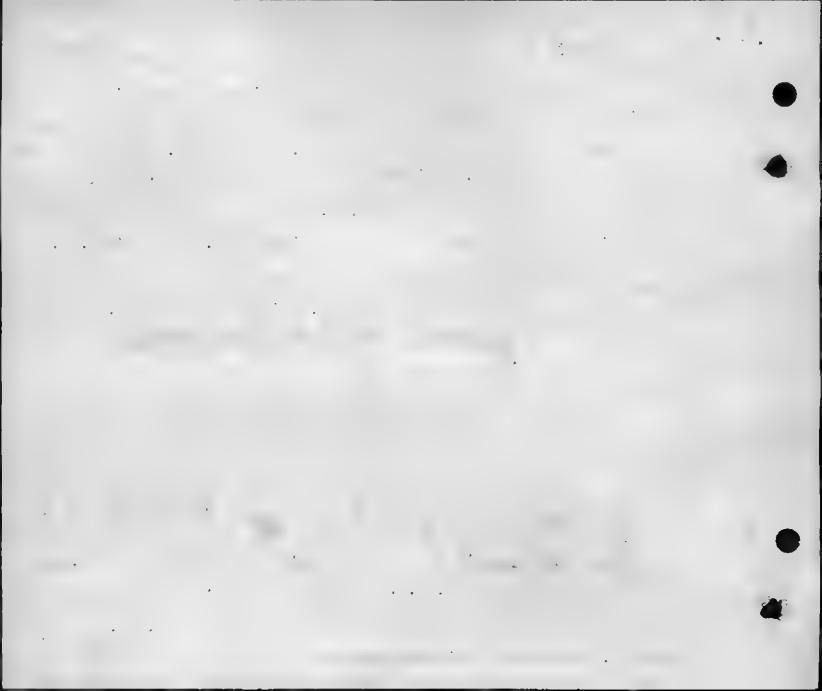
te has been signed the bullial-transit pe

attending physici

ed by the hospital o After this certificate

CTOR: And

affer



MARYLAND STATE DEPARTMENT OF HEALTH

	135 3 9	CERTIFICATE	OF DEATH	eer, balimore i,	MARTEAND EOFAIN
=	PLACE OF DEATH	11	2. USUAL RESIDENCE (Who	ero deceared lived if melului	Paridance haroza admission
"	e. COUNTY		e, STATE	b. COUNTY	1/
_	Baltimore b. CITY OR TOWN (if outside corporete limits, write RURAL and give necrest town)	c. LENGTH OF STAY IN 16	e. CITY OR TOWN (if outside	e corporete limits, write RURA	L end give neerest town)
-	Owings Mills d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi	itel, give streel address)	Baltimor d. STREET ADDRESS	e	e. IS RESIDENCE ON A FARM?
â,	NAME OF ROSEWOOD State Train	ing School	Lasi 4, D.F OF	,	Dey Yeer
5.	(Type or print) SEX Andrew 6. COLOR OR RACE 7. MARRIED	James Never Married K 8.	Davis DE	9. AGE (In years IF UNI	
	Male Negro WIDOWED	DIVORCED [5/5/46	lest birthdey) Month	
do	one during most of working life, even if retired)		11. BIRTHPLACE (County & Ste		U.S.A.
13.	Dependent FATHER S NAME	none	Baltimore.	Marytand	
15. (Ye	Henry Tvory Davis WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S s., no, or unkown) (livesgivewarordetesofservice)	OCIAL SECURITY NO. 17. IN	Gertrude Da	ViS Address	· —
	18. CAUSE OF DEATH [Enter only one cause per lin	te for (a), (b), and (c,.)	Rosewood Re	cords, Owings	Mills Md. INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	ulateral bro	ncho-pneumor	<u>ua_</u> _	_ Juays -
	Conditions, if eny, which (b)	1 metastatic	cerebral out	reess.	4-0345-
	geve rise to immediate couse (e), staling the underlying couse lest. DUE TO COURT (c)	history mu	io appendig.		
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONT	2./	RELATED TO THE TERMINAL DIST	. 13	RERFORMED?
	200. ACC DENT WAS JNDERLYING 20b. DESC	RIBE HOW INJURY OCCURED.	Enter neture printury in fart I or	Pert II of item 18.)	YES NO 🖸
I CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	Hour a.m. While et work	Not While fecto	ry, street, office bldg., etc.)		(County) (Stete)
	21 1 certify that (f) (this hospital) attend				
	saw the deceased alive on12/14/	19O.L., and that	death occured at.O.i. J.M.,	# offilithe causes and o	on the date stated above.
	Starry G. Buil	Her MI	اللغانة المستحدد المس	R PHYS. SC	12/15/61
	PHYSICIAN'S NAME (Type) Harry G, But]	Ler, M.D.	Rosewood L	ane, Owings M	ills, Maryland
23		23c. NAME OF COMPTERS OF	LUNA 236.	Dalline	ounty) (State)
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY F	REGISTRAR 256, REGISTRA	R'S SIGNATURE
	Charles A. Kick	661 W. 13PV	DATEDEC 2	1'61 (& Every



DIVISION OF STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE, Where decessed lived, if institutions Residence before admission e. STATE. b. COUNTY MARYLAND LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete I m'ts, write RURAL and give nearest town in by e. IS RES.DENCE ON A FARM? YES NO NAME OF Midd e DEATH (Typa or print) 1961 pou COLOR OR MACE T, MARRIED SEX AGE (In years | IF JNDER 1 YEAR) IF UNDER 24 HR9. last birthday) WIDOWED A DIVORCED T JSUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER S NAME WAS DECEASED EVER IN J.S. ARMED FORCES? (Yes, no, or unkown) ((fyesgive war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a,, b), end (c).] } ONSET AND DEATH . DEATH WAS CAUSED BY: IMMED. ATE CAUSE (a) DUE TO Conditions, if any, which (5) geva rise to immediata ceuse **DUE TO** (a), steting the underlying CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,41 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURED, Enter neture of injury in Part I or Part I of item 18) 200. ACCIDENT WAS UNDERLYING L OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, 2Df. (City or town) 20c. TIME OF INJURY Mon h Day, Year (County) While Not While lactory, street, office bldg., etc.) et work et work p.m. DIRECTOR 19 41, to ... Der ... 19 1, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on .. 4 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. 22c PHYSICIAN'S 22d, ADDRESS NAME (Type) 五章 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 wither L. Throws

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1354 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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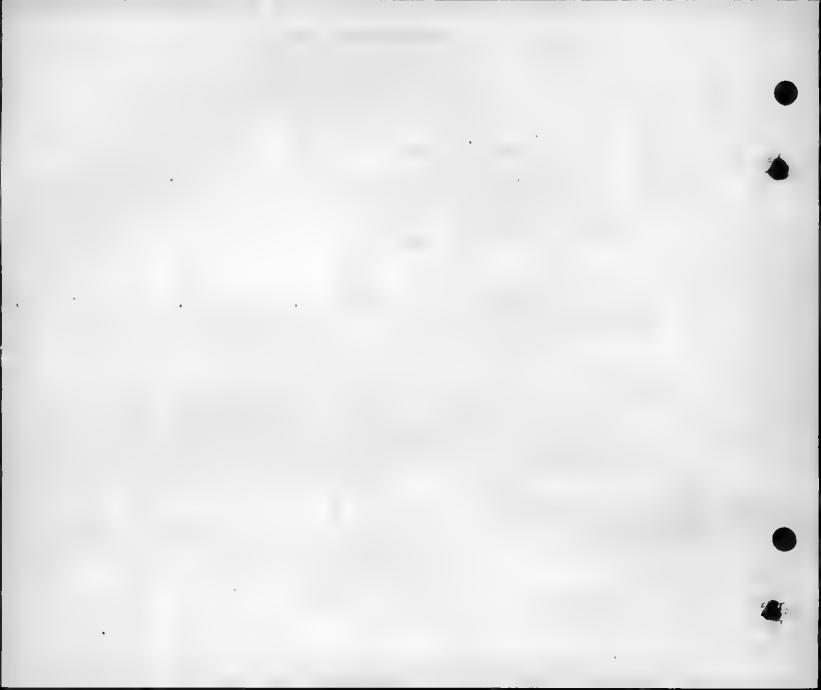
			Reg. Dist. Ne.)
PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived if institute of STATE Many 1 and b. COUNT	17
Baltim		LAND at ytalid	Baltimore
b. CITY Of TOWN (If autride corporate finits, write and give nearest fewer) Baltimore	Life	C. CITY OR TOWN (If outside corporate limits, write Baltimore	RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (I		d d. STREET ADDRESS	e, IS RESIDENCE
8671 Oak Road	, give and a	8671 Oak Road	ON A FARM?
NAME OF PIE	it Middle	Lost 4. DATE Month	Doy Year
	W. Dennis	OF DEATH Dec	18 19 61
	7. MARRIED NEVER MARRIEL	FT B DATE OF BIRTH 9. AGE 10 years	IFUNDER TYEAR IF UNDER 24 HE
male white	WIDOWED DIVORCED	1 4-18-1898 63 yrs.	Months Days Hours Min
Do. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired)		NOUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTE
during most of working life, even if retired)	Retired Gas&	lec. Baltimore	USA
3. FATHER S NAME	· · · · · · · · · · · · · · · · · · ·	14. MOTHER'S MAIDEN NAME	
August Den	nis	Lola Emory	
5. WAS DECEASED EVER IN U. S. ARMED FOI	· · · · · · · · · · · · · · · · · · ·		
res. nover unknown) (If yes, give war ar dotes of Army	212-05-4233	Mrs Elsie Dennis 8671 Oak	Road (14)
18. CAUSE OF DEATH Enter only one cou	se per line for (a), (b), and (c) }	The Addition to the debrushers we	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY.	Wyocard	ial Infarction	immmed
IMMEDIATE CAUSE (a)			
420./ DUE TO	&+h+man T amo	tic Cardiovascular Disease	
Conditions, if ony, which (b)	Achierscrero	cic oardiovascular Disease	undet
(a), stating the underlying DUE TO			
couse last. (c)			
PART II. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEAT	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV	EN IN PART 1(6) 19, WAS AUTOPSY PERFORMED? YES NO 1
PART II. OTHER SIGNIFICANT CONS 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	B DESCRIBE HOW INJURY OCCUR	RED (Enter nature of injury in Port 1 or Port 11 of item 18.)	
20c. TIME OF INJURY Month, Doy, Yeo Hour o. m. p. m. 19	20d. INJURY OCCURRED 20 While Not while of work	PLACE OF INJURY (Home, form, 20f (City or town) foctory, street, office bldg., etc.)	(County) (State)
21. 1 certify that I took charge		I shows held an Autonou D. Inneating D.	1 5
			Inquiry ond in m
opinion death resulted from:	Natural couses tot. Accid	lent [], Suicide [], Homicide [], Undete	rmined manner
() Et (V	15/.		D 475 5104150
SIGNATURE C.		M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
7		ASSISTANT MEDICAL EXAMINER	
EXAMINER'S NAME (Type)	U-S a	DEPUTY MEDICAL EXAMINER	
20. BURIAL, CREMATION 226, DATE THEREO	F 22c NAME OF CEMET		r county) (Stole)
REMOVAL (Specify)		lley Mem. Gardens Timonium	Md
Burial 12-24-19 B. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ADDRESS	The same of the sa	
D. TONESAE DIRECTOR'S SIGNATURE			TRAR'S SIGNATURE
lanaknoturund Hon	~ 7401 Bolow F	DATOEC 20'61	48 44

VS. A15ME SM 2/57

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1/	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMOR	E, 18
V.	13542 CERTIFICATE OF DEATH	Reg. Dist. Nov)
	1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If in STATE B. COUNTY Baltimore) MARYLAND	istitution: Residence before admission)
M)	b. City Or TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodlawn	
$\frac{y}{X}$	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1916 Summit Ave. 1916 Summit Ave.	e. IS RESIDENCE ON A FARM? YES NO X
,	3. NAME OF DECEASED First Middle Lost 4. DATE OF	Month Doy Year
j	Nelle E. Derreth Death De S SEX S. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In pay by him of the pay	C 27 1961 years IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.
25	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) HOUSE Wife Own Home Maryland	12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME George Emich 14. MOTHER'S MAIDEN NAME Alice Emich (?)
	15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO NO Vunhapuna) NO NO Villiam E. Derreth Sr	Address 1916 Summit Ave
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (o), stoting the under-lying couse last. (c)	INTERVAL BETWEEN ONSET AND DEATH
Ü	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item II or CONTRIBUTING CAUSE OF DEATH	PERFORMED? YES NO Z
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item II OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) While of work of w	(County) (Stole)
	21. I certify that I attended the deceased from	ses and on the date stated above lown, store) DATE SIGNEY DATE SIGNEY
i	PHYSICIAN'S LESTER A. WALL JR BALTIMME	ml
1	226. BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, to Burian Baltimor	
	John T. Stansbury 6411 Windsor Mill Rdoats 2 9'61	REGISTRAR'S SIGNATURE



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 01 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13543 USUAL RESIDENCE Where deceased lived, If institution, Residence before edmission PLACE OF DEATH . STATE Faryland a. COUNTY Baltimore **b.** COUNTY MARYLAND and b, CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside comparete limits, write RURAL and give nearest fown) m by s 1 and Write RURAL and give nearest town La tonsville 9yr3 mthlOdys Baltimore hours after Pages Filled d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? 3980 Elm Ave SPRING GROVE STATE HOSPITAL YES NO 3. NAME OF 4. DATE Day DECEASED Law rence DEATH (Type or print) 6 COLOR OR RACE 7, MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SPX male white Deys November 3. WIDOWED 134 DIVORCED 10a. USUAL OCCUPATION (G ve kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County ate, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? dana during most of working life, even if relired) U.S.A. Loudoun Co Va. PILY 13. FATHER'S NAME Philip Derry Mary Attwell ם 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) Records: SPRING GROVE STATE HOSPITAL unknown unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) **DUE TO** peen Conditions, if eny, which geve rise to Immediate cause **DUE TO** (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? NO [200, ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED, (Enter ne) tre of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stete) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.] While Not While Hour n.m. at work al work 21. I certify that (I) (this hospital) attended the deceased from September 20.1952 December saw the deceased alive on Dec. 31. 61 and that death occurred at PM, from the causes and on the date stated above plnous 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. 22d, ADDRESS STATE HOSPITAL 22c. PHYSICIAN'S NAME (Type Catonsville de filed v NAME OF CEMETERY OR CREMATORY 25e, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
CYAT	rk.		13577 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
H DE	PIT >	=	13544 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. 6.3522
			2. USUAL RESIDENCE (Where deceased lived it institution; Residence before partission) BALTO, MARYLAND 2. USUAL RESIDENCE (Where deceased lived it institution; Residence before partission) STATE D COUNTY BALTO.
		1	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) CATO NSVILLE Convent)
	2 4	-	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) STREET ADDRESS Daughters of the Euch Englishen
	j.b	L	RECEDO KNOLL MAIDEN CHOICE LANE YES NOS
		1	NAME OF First Middle Lost 4. DATE Month Doy Year OF DEATH DEC. 21 1961
		5. 9	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In your lost birth widowed Divorced D. J. N. 25, 1873 9. AGE (In your lost birth lost b
~		10a	USUAL OCCUPATION (Give kind of work dane 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? WILL STATE OF WHAT COUNTRY?
1		13	FATHER'S NAME
	/		LAWRENCE D. DIETZ MARY BARLAGE
		15, (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address SISTER CLOED RECED RIVER Address
		 	18. CAUSE OF DEATH [Enter only one couse per tine for (o), (b), and (c)]
			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UE TO ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
			4.2.1 DUE TO 0
			Conditions, if any, which) (b) Consider Consider Chreate
			gave rise to immediate cause
	^		(e), stelling the underlying DUETO course tast.
		Z	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
		Y I	PERFORMED?
		P.	
		붱	20s. EXTERNAL CAUSE WAS PRIMARY Great CONTRIBUTING CAUSE OF DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part II of item 18.) CAUSE OF DEATH.
		3	20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f (City or town) (County) (State)
		MEDICA	Hour a.m. While Not while foctory, street, office bldg . etc.) p. m. 19 at work at work
			21. 1 certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . ond in my
			opinion death resulted from: Natural couses . Accident . Suicide . Homicide . Undetermined manner
			ACTUAL SIGNATURE DATE SIGNED DATE SIGNED
	7		ASSISTANT MEDICAL EXAMINER D
	×		NAME (Type) GEO, S, M, K/F/F/F/R A PETOY MEDICAL EXAMINER # 1000 Told Co. 226
		220	BUR AL, CREMATION, 226 DATE THEREOF , 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole)
		EA	FEMOVAL (Specify) 12-23-61 CONVENTIMIUS PLEUM CATONSUILLE MID.
		23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
		V	4thy - Ceromany Ith Calomerte ly Med DATEDEC 27'61
		Barrer	



FOR STATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13545 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

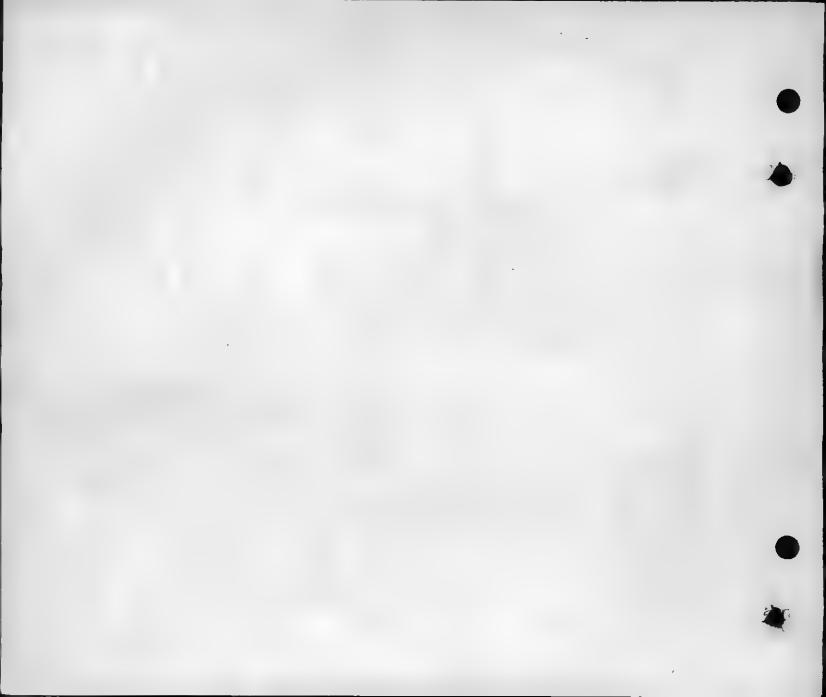
Reg. Dist 183523

		PLACE OF DEATH	. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)
-	`	O. COUNTY BALTIMOVE MARYLAND	O. STATE NEW MORK B. COUNTY Brown
(A)	Ь	b. CITY OR TOWN 111 outside corporate lamits, write PURA. C. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporale limits write RURA, and give nearest town)
٧L,	l	1/16 1 No 1/A 13, 77 Date 26-1961	NEW YORK BO. N. 4
	d	d. NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS
X	·	7309 Tringe George 21-	517 TAYLOR- AVEZ - YES NO E
	(NAME OF DECEASED (Type or print) To have First R. Middle Dil	Lost # 4. DATE Month Doy Year OF THE DEATH 12 - 7.8 1961
	5. 5	P. P.	
	J. J	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 18 D.	ATE OF BIRTH 9 AGE (n year) 1 FUNDER 1YEAR FUNDER 24 HES Hours Hour
	10a	USUAL OCCLIPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	°	during most of working life, even if retired)	Promision Coren. 355 A.
	13.	FATHER'S NAME	MOTHER'S MAIDEN NAME
		William DiLworth	Guns Kindand
	15.	. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO	RMANT Address /
	[100	18, no, or unknown) [If yes, give was ar dates of service) 245-50-93:44 Ff	1000 P. O. Voorth. Wile!
		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	I Insterval Between
		PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
			13.3 MASECANO
		Conditions if only which	
		gove rise to immediate cause	The same of the sa
		(a), stoling the underlying DUE TO	
0	2		RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	ATION	TAKE II, OTHER SIGNIFICANT CONTINUOUS CONTINUOUS TO SEATH BUT NOT	PERFORMED? YES NO TO
	TIFK	200. EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enfer	
	CERT	PRIMARY or CONTRIBUTING CAUSE OF DEATH.	>
	₹	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE (OF INJURY (Home, form, 120f. (City or town) (County) (State)
	MEDICAL	Hour a.m 227 22/19 While Not while of 229 =	street, office bldg. etc.)
		21. I certify that I taak charge of the remains described above,	held an Autopsy 🔲, Inspection 🔀, Inquiry 💢, and in my
		opinion death resulted fram: Natural causes 🔀, Accident 🔲,	Suicide, Hamicide, Undetermined manner
7		SIGNATURE 2 2 Cap Co2	DATE SIGNED
X		"	ASSISTANT MEDICAL EXAMINER 12-28-161
	1 1	NAME (Type) 7) (1.77) 1-5	DEPUTY MEDICAL EXAMINER A
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
,	720	A BUR AL CREMATION 226 DATE THEREOF 226, NAME OF CEMETERY OF CE	The state of the s
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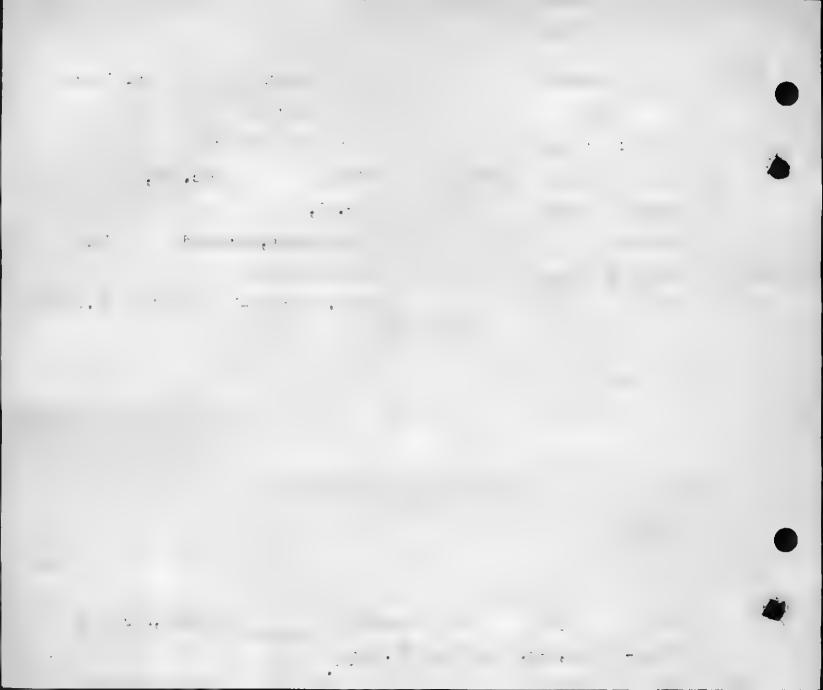
DEPUTY

UTY MEDICAL EXAMINER: This certificate should be executed within 24 == strate death. If any delay is necessary isone the certification withing the mard "pending" in pension in them, 18. Give Pages 1, 2, and 3 to if the meral direct death as the formation of the



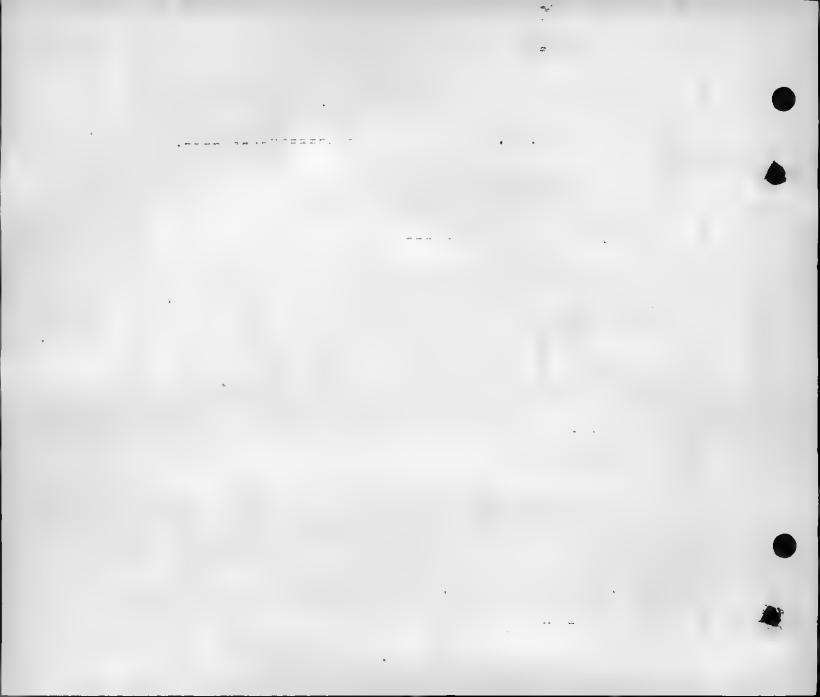
SMICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institut on: Residence before admission) b. COUNTY Baltimore a. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outs de corporata limits, ELENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
TOWSON Towson d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) a. IS RESIDENCE ON A FARM? 1627 Jeffers Road 6457 Blenheim Road YES NO 3. NAME OF Middle Month DECEASED DEATH Dec. 28. (Type or print) SERTNA ALTOMARE DiNARDO 61 19 and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday Months Female Dec. 1,1910 WIDOWED ! DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Baltimore, Maryland Housewife USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Liborio Altomare Rose Brocato 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yas, no, or unkown) | (Ifyesgiva war or datas of service) Nina D. McGarry-1627 Jeffers Rd., Towson No 18. CAUSE OF DEATH [Enter only one cause per one for (a) [b), and (c)] ONSET AND DEATH Uremen IMMEDIATE CAUSE (a) DUE TO Chrone Glomerulo nephretis Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART N. OTHER S. GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 🕞 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) 20a, ACCIDENT WAS UNDERLYING L OR CONTRIBUTING CAUSE OF DEATH 20d, INJURY OCCURRED 20a, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) [Slale] 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. et work at work 21. I certify that (1) (this hospital) attended the deceased from years Zle, 1957, to Let ZS..., 19.6, that (1) (we) last saw the deceased alive on. A.C. 2.7. 194.1., and that death occurred at 40.1. from the causes and on the date stated above. 22a. SIGNATURE SIGNED DIRECTOR 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) New Cathedral Baltimore, Maryland 0 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Wm Cook-Towson, Inc. 1050 York Rd. Towson 15M 9/60 DATEN 2

MARYLAND STATE DEPARTMENT OF HEALTH



* 35	CERTIFICATE OF DEATH Reg. Dist. No.	2525
1 director, filed with	1. PLACE OF DEATH O COUNTY Baltimore MARYLAND 2 USUAL RESIDENCE (Where deceased leved. If institution: Residence before o. STATE Maryland b. COUNTY Baltim	
å å	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ist town)
y the fa	Rural - Towson d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Eudowood - Towson 4. Md. Baltimore d. STREET ADDRESS 1840 Pennsylvania Av658 EWEES Rotton St.	IS RESIDENCE ON A FARM?
haur and in b	3. NAME OF First Middle Lost 4. DATE Month Day	Year Year
32	(Type or print) Rodell Denise DuBose DEATH 12 21	
within Page	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR II) 1. COLOR OR RACE 7. MARRIED NEVER MARRIED DOYS 1. DIVORCED DOYS	F UNDER 24 HRS Hours Min.
complet popers.	F WIDOWED DIVORCED 10-17-58 3 yrs	WHAT COUNTRY
	during most of working life, even if retired)	States
a paga	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
death certificate the trending physician please remove carwithin 72 hours after the trending of the trending o	Rasberry DuBose Rodell Chisolm	
ertifi Phy remo	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Personal History Address	
oth ce Iding ase a in 72	Hospital Records, Eudowood Sanatoriu [18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	MAL BETWEEN
atten with	PART I DEATH WAS CAUSED BY.	T AND DEATH
the per ent	IMMEDIATE CAUSE (6) TUDE TO TUDE TO TUDE TO TUDE TO	mos
requires that an asis permit. T and in any ev	Conditions, if any, which) (b)	
uires gned in a	gove rise to immediate couse (o), stating the under-	
req ign. nsit and	lying cause last. (c)	
he law physic nas bee rial-tra	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 200 ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH	WAS AUTOPSY PERFORMED? YES NO TO
IAN: 7 fending ficale the bu		
PHYSIC of or at his cert use as emation	County) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. 40f. PLACE OF INJURY (Home, form, 20f. (City or town) (County) 40f. PLACE OF INJURY (Home, form, 20f. (City or town) (County) 40f. PLACE OF INJURY (Home, form, 20f. (City or town) (County)	(State)
NG spik fer t d for d, cr	21. I certify that I oftended the deceased from 2-28-61, to 12-21, 1961, that I lost say	v the deceoses
FND:	olive on 12-21, 1961, and that death occurred of 3:10P M, from the causes and on the date	stoted above
or in the	ACTUAL SIGNATURE O No Leukel, teue MIT M.D. Eudowood Sanatorium	DATE SIGNE
TAL OI retaine tAL DIS thould trar pri	PHYSICIAN'S A. H. Finkelstein, M.D. Towson 4, Maryland	
HOSPI may be	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY BUTTLA 12-25-61 National Cemetry Baltimore Md	(Stole)
5.5 0 0 0	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
VS A15 (4) 15M 97S5	Adolphus Halstead 918 Druid Hill Ave. DATE 27'61 Circles & Thank	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



director,

Pages 1 and 2 shauld be fi

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

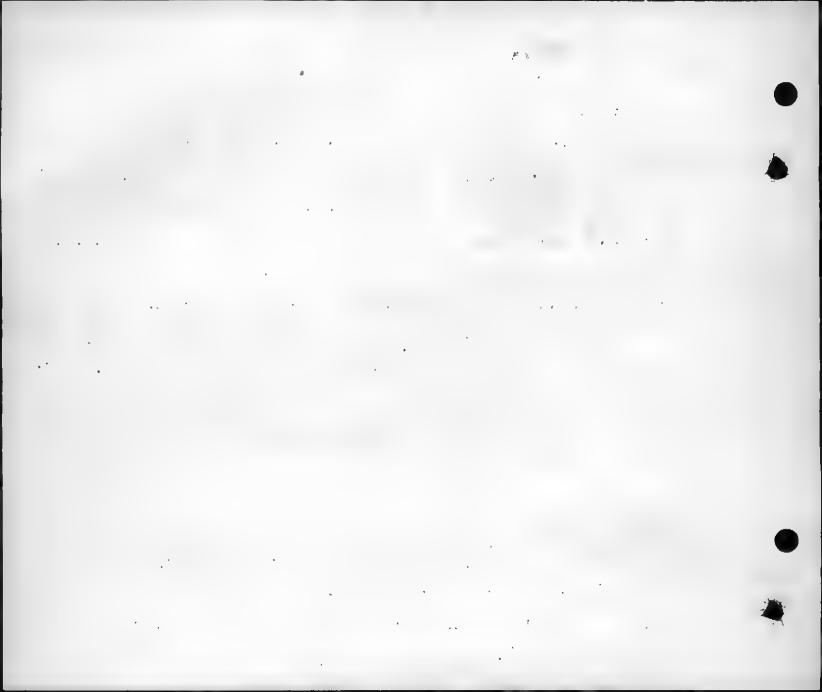
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3548				Reg. Dist. No.				
1. PLACE OF DEATH g, COUNTY		2. USUAL RESIDENCE (WI	here deceased lived. If institution					
Baltimore	MARYLAND	Mar	yl and b. COUNTY	a Him ?				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside carporate limits, write RUR	(AL and give nearest town)				
Baltimore		X Baltimo	re					
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
3618 Langrehr Ro	ad	3618 Lan	grehr Road	YES NO				
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year				
(Type or print) William Cal	houn Dunn		DEATH Decembe	r 6, 1961				
5. SEX 6 COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years II	FUNDER 1 YEAR IF UNDER 24 HRS				
Male White WIDOW	/ED DIVORCED	Dec. 8, 189	2 last birthday) 68 yrs.	Months Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done 10b during most af working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY				
	Sun Paper	Penns	vlvania	U.S.A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN I						
George Dunn		Isabelle (Calhoun					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown) [If yes, give wor or dates of service]	SOCIAL SECURITY NO.	INFORMANT	Addres	\$				
	13-03-3195 De	ora Dunn 361	8 Langrehr Rd.					
18. CAUSE OF DEATH [Enter only one cause per l		11 0		INTERVAL BETWEEN				
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g)	ONSET AND DEATH							
420.0 DUE TO Interior Heart Arrent Grand The Three Thr								
Conditions, if any, which) (b)	JY Lara							
gave rise to immediate (
lying cause last.								
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	N IN PART 1(a) 19. WAS AUTOPSY				
PART II. OTHER SIGNIFICANT CONDITIONS				PERFORMED? YES NO P				
	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of item 18.)					
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
3 20c. TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm	, 20f. (City or town)	(County) (State				
20c. TIME OF INJURY Month, Day, Year 20d. Hour a.m. p. m. 19 at we	1401 Willia }	clory, street, office bldg., etc	.)					
21. I certify that I attended the decea	/3/	10.1954: to	17/6 10/Ju					
glive an 19	/ /			at I last saw the decease on the date stated above				
unive un	a a contract of the contract o		ADDRESS (Street city or town, st					
ACTUAL SIGNATURE EMPLY THE	upmo	M.D 8204 4	BERTY PHIL	36507, 12/6/61				
PHYSICIAN'S EDWIN L	-1 FIEP PSI	TALL						
22g. BURIAL, CREMATION, 22b DATE THEREOF	22c NAME OF CEMETERY O		22d LOCATION (City, town, or	,,				
Burial 12/9/61	St. Luke's	Cemetery	Cumberland,	Maryland				
23 FUNERAL DIRECTOR'S SIGNATURE Compacte	ADDRESS			RAR'S SIGNATURE				
Ellsworth Armacost 4600	Liberty Heigh	to A-vo DATE	EC 1 1 '61 CW	lun S. Thomas				

TO HOSPITAL OR A place PHYSICIAN: The law requires that the death certificate be executed within may retained by haspital at attending physician.

TO FULLIAL DIRECTOR: After this certificate has been signed by the attending physician and completely find page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages the registrar priar to burial, cremation, ar remayal, and in any event within 72 haurs after death. TO FU

V\$ A15 (4) 15M 9/58



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13550 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before a dimission) e. COUNTY **b.** COUNTY BALTIMORE MARYLAND b. CITY OR TOWN (if outside corporeta limits, c, CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) e. LENGTH OF STAY IN 16 write RURAL and give neerest town) 86 days Baltimore Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 305 S. Chapel Gate Veterans Administration Hospital 4. DATE DECEASED 1961 ECK DECEMBER DEATH (Type or print) HARRY 6. COLOR OR RACE 7. MARRIED THEYER MARRIED AGE (In yaers | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months White WIDOWED [DIVORCED [July 1. Male 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR NDUSTRY , 11. BIRTHPLACE (County & 5 ate, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Baltimore Co. Md. RACE TRACK Cashier 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY I. HALL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Clinical Records NA Hospital (Yes, no, or unknwn) | [If yes giva war or dates of service] Baltimore, Md. Ft. Howard Division 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MALIGNAIT LYMPHOBLASTOLA UNKNOWN IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTR.BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART II.) 19. WAS ALTOPSY PERFORMED? PULMONARY TUBERCULOSIS, MODERATELY ADVANCED INACTIVE 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20t. (City or town) (County) (Stete) factory, street, office bldg., atc.) Not While While at work at work 21. I certify that X) (this hospital) attended the deceased from September 7, 19.61, December 2, 1961, that (X) (we) last 22b. DATE 22a. SIGNATURE SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S VAH, BALTIMORE, MD. - FT HOWARD DIVISION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify) BALTIMORE 28. MARYLAND BURTAL 24 FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Comer S. Thank

WM Cook-Blight, Inc. 6009 Harford Rd. Balto 14, MENDEC 5

death, Pages 1 and hours after within and ever геттоме ig physician signed by certificate has **%** 0 DIRECTOR: Af SPITAL Page 4 g g VR A15 (4) 15M 9/60°



1 -8		MARYLAND STATE, DEPARTMENT OF HEALTH	•
19		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	I, MARYLAND
1 10 D	100	1355: Item 23b, Film 3004 1/2/02 iwk	13529
urs after e funeral 2 should		PLACE OF DEATH a. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where daceasad lived, if institute a. STATE b. COUNTY Maryland Maryland	tion: Ras'denca before admission
in by the death		b. CITY OR TOWN (if outside corporate mits, write RUR/ write RURAL and give nearest town) Fort Howard 50 Days c. CITY OR TOWN (if outside corporate limits, write RUR/ Goldsboro,	AL and give neerest town)
d within by filled is s. Pages thours after		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Veterans Administration Hospital	ON A FARMI
aper 72 l	3.	NAME OF Frst Modile Lest 4. DATE Month DECEASED OF OF DECEASED OF DEATH DECEMBED	Day Yaar
d cor bon p within	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years III UNeast birthday) 1	22 1961 IDER 1 YEAR F JNDER 24 HRS
icate be	10i	Male White WIDOWED DIVORCED April 20, 1895 66 yrs	L. CITIZEN OF WHAT COUNTRY
h certificat physician se remove in any evel		Salesman Automobile Parts Henderson, Maryland FATHER'S NAME Automobile Parts Henderson, Maryland 14. MOTHER'S MAIDEN NAME	U.S.A.
death ding pleas ind ir		Samuel Edge Della Pritchett	
te aften Then noval, a	15. (Y	WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT VA HUSPITAL, BATTEMOR YES WILL THE SOCIAL SECURITY NO. 17. INFORMANT VA HUSPITAL, BATTEMOR 216-10-0699 FORT HOWARD DIV. CLINICAL RECO	
equires that shaden, and by the sit permit.		18. CAUSE OF DEATH [Enter only on a couse per line for (a), (b), and (c)] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RIGHT CEREBRAT, THROMBOSIS DUE TO	INTERVAL BETWEEN ONSET AND DEATH 20 DAYS
The law ratending plass been significations, cremating.		Conditions, if any, which (b) ARTERIOSCI L. SIS gave risa to mandiate course (a), stating the underlying cause last. (c)	UNKNOWN
AN:	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
PHYSICI the hospite his certifica for use as th prior to	CERTIFICATION	CARCINOMA OF RECTUM WITH METASTASIS. 2. ARTERIOSCLEROTIC HEART DISE 20a. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ASE YES NO A
DING by Affer the detached of Heal	MEDICAL	20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19 St work at work 19 at work 19 St.)	(County) (State)
TEN COR De de copt		21. I certify that M (this hospital) attended the deceased from November 2 1961, to DECEMBER 22	
ate L		saw the deceased alive on December 22 1961 , and that death occurred 2:40 PM from the causes and	
AL of the State of		22a SIGNATURE ATTENDING MED DIRECTOR STAFF PHYS. 22c. PHYSICIAN'S 22d. ADDRESS	12/22/61 22b. DATE SIGNE
Pag VER		NAME (Type) ELIJAH SAUNDERS, M. D. VAH, BALTO. MD. FT HOWARD	DIVISION
director be filed	234	a. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL, (REMATION, 23b. DATE THEREOF BURIAL, 12/27/61 GREE ISBURO, CEVETERY GREE ISBURO, II	
VR A15 (4)	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTR.	AR'S SIGNATURE
15M 9/60	1	- E Bacelois Secons Cores, Mol - DATE DEC 27'61 CL. L.	47 S. France



MARYLAND STATE DEPARTMENT OF HEALTH

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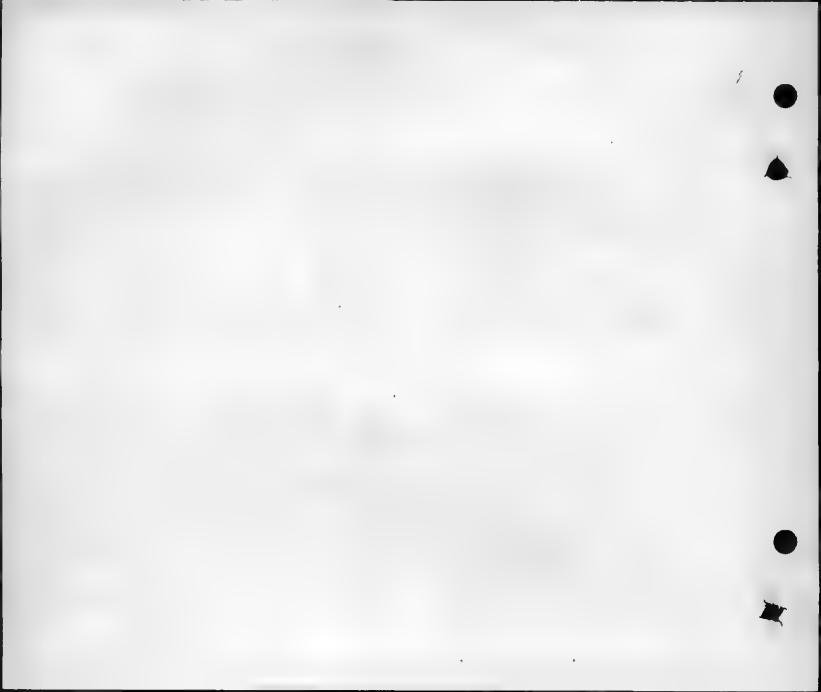
DIVISION OF STATISTICAL RESEARCH AND RECORDS BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

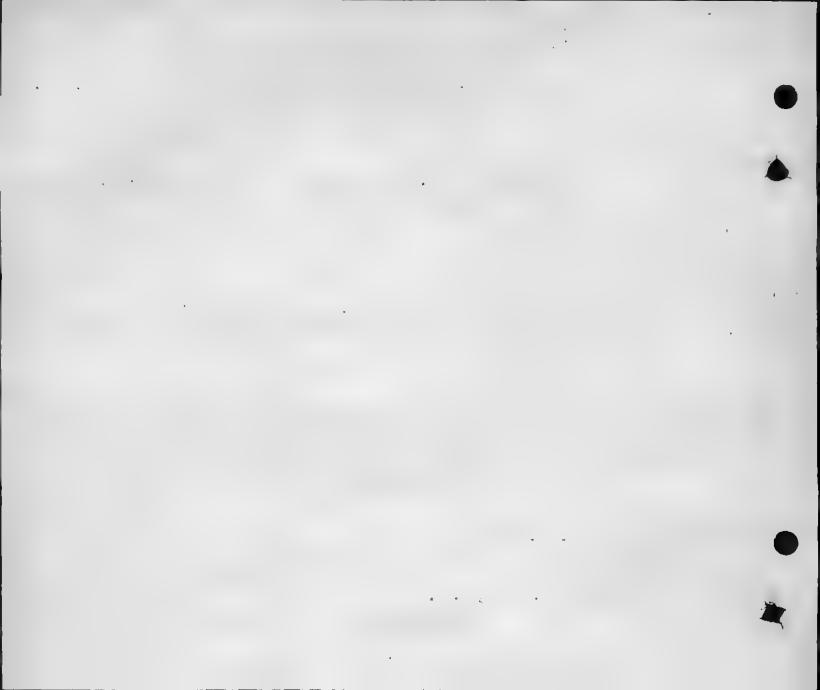
	TOOOP			~~ 10	110				2001	
1. PLACE OF DEATH		Item 13 Film	أجلال س	USUAL RESID	ENCE (Who	ere deceased lived	If institutio	n: Residence	before odmi	ssion)
o. county Ba	ltimore	MARYLA	MD	Maryl	and	ŀ	COUNTY P	altimo	re	
b. CITY OR TOWN RURAL ond give	(If outside corporate limits, w nearest town)	rite c. LENGTH OF STAY IN	1 1b	c, CITY OR T	OWN (If or	ulside corparate lin	nits, write RU	IRAL and give	negrest tow	rn)
Kandalls					<u>llsto</u>	wn			.,	
OR INSTITUTION	PIAL (If not in hospitol, give s rch Lane	freet oddress)		d. STREET AI		h Lane			ON.	SIDENCE A FARM? I NO III
									-	
3 NAME OF DECEASED (Type or print)	William	Nathaniel E	dwar	ds.		4. DATE OF DEATH De	Mont ecembe		Day	Yeor 19 61
5 SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	[] B.	DATE OF BIRTH	l .	9. AG	E (In years birthday)	IF JNDER 11		
Male	Colored	DOWED DIVORCED		Jan. 1,	1884	lost P	77 yrs	Manths Di	ays Haurs	Min,
10a. USUAL OCCUPAT	ION (Give kind of work done orking life, even if retired)	10b. KIND OF BUSINESS OR	INDUSTR	Y 11, BIRTHPL	ACE (State of	or foreign country)		12. CITIZE	N OF WHAT	COUNTRY
Preacher				Nort	h Car	olina				
13. FATHER'S NAME				14 MOTHER'S						
	Unknown			Annie	Randa	alls				
15. WAS DECEASED EN	/ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		17 INFO	RMANT			Addre	0%		
No	(ii yes, give wor or open or savice		Edna	a B. Ed	wards	8706 Ch	nurch	Lane		
IB. CAUSE OF D	EATH [Enter anly one couse	per line for (a), (b), and (c).]							INTERVAL B	ETWEEN
PART I, DI	PART I. DEATH WAS CAUSED BY: I/ENTRICULAR FIBRILLATION ?									
11 2.	DUE TO									
Conditions, if	CONDITION I CARDIAC (MYDEARDIAL) FAILLE									-,
gove rise to	immediate (Dus TO									-
couse (a), slatin lying couse los	g rne <u>under-</u>	ARTERIOSCLE	ROTI	c c	-V 1	DISCASE		2	severel	1 year
PART II O	THER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEAT			THE TERMIN	NAL DISEASE CON	DITION GIVE	EN IN PART 1	(a) 19 WAS	AUTOPSY
PART II O		n	111E	-						NO
	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER]	DESCRIBE HOW INJURY OCC	URRED.	Enter nature of	injury in P	art I or Port II of i	item 1B }			
₹ m This os nin		NA INJUNIO OCCUPRED 197	D- 01 ACI	E OF INJURY (F		205 165	-1	15.	-1.1	181
Hour a.m	v	Vhile Not while		y, street, office			vn)	(Co	unty)	(State
₹ p. m	. 19 a	t work at work		1 5		1	9			
21. I certify th	nat (I) (I his hospitoj) at	tended the deceased fr	'am	July	19.9	6/ 10 00	uc,	, 19 <u>6/</u>	, that (!)	(we) las
saw the dece	osed olive on Kuly	28 19.6/, and th	hat dec	th occurred	or3-P	M, from the o	ouses and	d on the c	date state	d above
220 SIGNATHE	ATTENDING MED STAFF								25 DATE	
22c PHYSICIAN'S		1.15	M.I	22d, ADDRE		RECTOR DEPTY	S L	1	~1 0	/
NAME (Type)	HARDID H.	NEINBERG Y	NA.	90	1561	SERTY /	0, 0	CANDA	12570 W	UN /
23a. BURIAL, CREMAT REMOVAL (Special		23¢ NAME OF CEMETI	ERY OR C	REMATORY		23d. LOCATION (City, town, o	r county)	(5%	ote)
Isurial	" Jon 1, 196	2 St. Thoma	5 C	lam.		Randal	15/cm	en		
24, FUNERAL DIRECTO		ADDRESS			250. REC'C	BY REGISTRAR		TRAR'S SIGN		
Will:	iam C. March	928 E. North A	lve.		DATE	Mil or			, ,,,,,,,	

director, ited with by the fune of 2 should b pup D HOSPITAL OR A Spring PHYSICIAN: The law requires that the death certificate be executed within 2, may be retained by aspital ar attending physician.

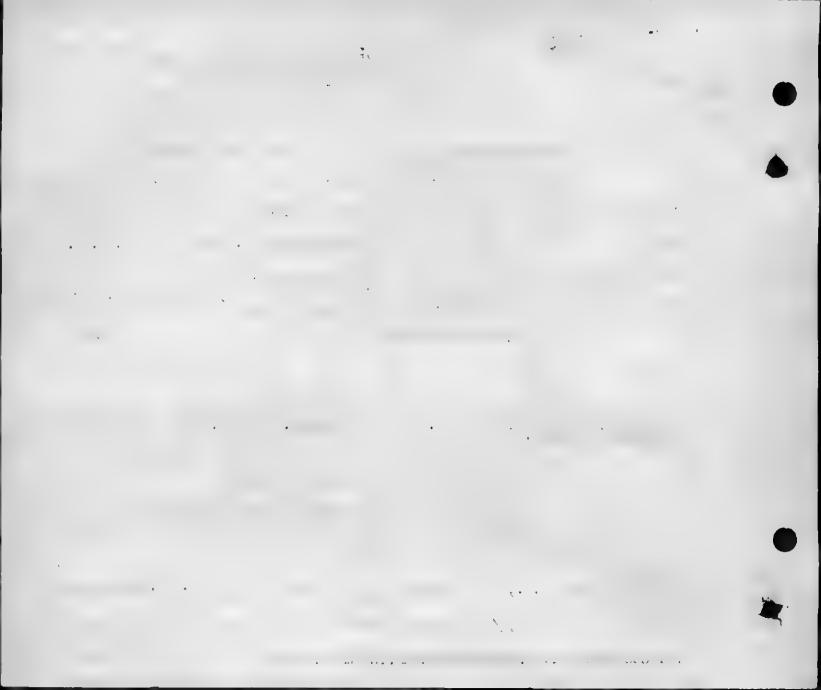
D FU RAL DIRECTURE first this certificate has been signed by the attending physician and campletely fit page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Poges the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death. TO HOSPITAL OR TO FU VR A15 (4) 15M 9/59



1 11	MARYLAND STATE DEPARTMENT OF HEALTH
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	Item I Film (304 1/2/62 lwk
HEALTH UNP	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission)
F. 2 3 5	Baltimore County. MARYLAND Maryland Baltimore Co.
	b. C.TY OR TOWN (if outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)
y is necessary ldirector. Pag or your files.	La Catenacelle 2 days Baltimore
alay is netral director. Board of H	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite,, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
delar funeral ined fu tale Bo	Spring Grove State Hospital 2806 Silver Hill Road YES NO X
Start Start Start Start	3. NAME OF First Middle Lest 4. DATE Month Dey Yeer
the tar of	(Type or print) LEMUEL R. ELEY DECEMber 22 1961
# X + # #	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER YEAR IF UNDER 24 HRS
fler deal 2, and 3 5 may of 2 with	Male White WIDOWED DIVORCED 11-15-24 37 yrs.
s 1, 2, 2, 2, 3 age	IDa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (Stele or fore gn country) 12. CITIZEN OF WHAT COUNTRY?
hours Bages Bages Thin 7	Painter Arkansas USA
- C - V - V	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Ain 24	Joseph B. Eley Constance Reeves
Mith 18. (18. (18. For	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT [Yes, no, or unknown] [Ifyes give were released services]
em with with	Yes WW. II 461-44-2838 Mrs. Hazel Eley 2806 Silver Hill Rd.
in It in It in It is it is it is	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
d be execu pencil in lice along iselansit al, and in	IMMEDIATE CAUSE (6) Fatty Liver
Id be fice rial-	S & / 4 / DUE TO
should og" in P 's Offic a buria	Conditions, if any, which (b) (b)
	(e), steting the underlying DUE TO
rtificz "pen kamii used on, c	cause last. (c) Dartial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
9 - Li 6 - E	PERFORMED?
: This can work work work work work work work work	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 70 NO 1 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING C CAUSE OF DEATH.
The the Med Shoulist cale	PRIMARY OF CONTRIBUTING CONTRIB
5 6 9 0 5	
AMI writi e Chi Page To b	Hour e.m. While Not While fectory, street, office bldg., etc.}
cate, to the OR: Prior	partie
_ 전투 2점 날	21 I certify that I look charge of the remains described above, held an Autopsy XI. Inspection, Inquiry, and in my opinion, death resulted from: Natural causes XI. Accident, Suicide, Homicide, Undetermined manner
e certificanded RECT	CHIEF MEDICAL EXAMINER
	ACTUAL ASSISTANT MEDICAL EVALUATE ASSISTANT MEDICAL EVALUATE ASSISTANT MEDICAL EVALUATION ASSISTANT MED
PUTY ME execute the standard be forw	DEDITY MEDICAL CVANINED
EPUT Pould I	F EXAMINER'S /
a short	NAME (Type) HOWARD G. SHAUB, M. D. Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. TOCAT ON (City, town, or country) (Stelle)
0 4 0 0	Burial 12-26-61 Glen Abbey Memorial . Lake Wales, Fla.
VS. A15ME	23. FUNERAL DIRECTOR ADDRESS 246. REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 9/60	Ullrich Funeral Home Baltimore, Md.
	1 DARDEC 2 7 '61 Color & Kinne



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13554 funeral plnovs 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) 1. PLACE OF DEATH Baltimore a. STATE b. COUNTY 9 (MARYLAND Maryland death. in by Th b. CITY OR .OWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give peerest town) write RURAL and give neerest town) papers. Pages 1 Fort Howard 3 Days Baltimore filled in Pages 1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. 15 RESIDENCE ON A FARM? Veterans Administration Hospital YES NO K North Calvert ely 3. NAME OF DATE Year DECEASED OF ROBERT (Type or print) PYNE. DEATH FI.I.TOTT December 19 61 IF UNDER 24 HRS. carbon 6 COLOR OR RACE 17 MARRIED T NEVER MARRIED X AGE (In yeers IF UNDER 1 YEAR 5. SEX 8. DATE OF BIRTH and last birthday) Male WIDOWED [DIVORCED October 11,1890 physician 10e. USJAL OCCUPATION (Give kind of work remove 106. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Coup 4 stete or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Chef Hotel Long Branch, N. Jersey 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending William Pyne Charlotte MN: Unknown Clinical Records, VAH, Baltimore 18, Maryland 15. WAS DECEASED EVER N U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unkown) (Ifyesgivewerordatesofservice) Yes Fort Howard Division 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] g physician. permif. INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONTA IMMEDIATE CAUSE (+) UNKNOWN burial-transit DUE TO aftending Conditions, if eny, which has been geva rise to immediate cause DUE TO (a), stating the underlying ceuse lest. the 0 PART II OTHER SIGNEF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY certificate Arteriosclerotic Heart Disease. Senile Emphysema, chronic. Manifesting Uremia. PERFORMED? 10 Nephritis NO X use prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of in any in Pert I or Pert II of item 18.) 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) R: After this detached for 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) factory, street, office b dg , stc.) While Not While Hour a.m. et work at work CTOR: 21. I certify that (2) (this hospital) attended the deceased from December 1961, to December 7, 1961, that (x) (we) last should saw the deceased alive on...12 DIRECT 3 should five State 22b. DATE 22e. SIGNATURE /8/61 **ATTENDING** Page 4 m NERAL I Cior, page 3 DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S IRVING FREEMAN, M.D., Medical Service VAH, BALITIMORE 18, MD., FT. HOWARD 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 8053 Baltimore National Cemetery Baltimore 28. Maryland 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 DEC 1 3 '61 Wm. Cook-Nlight, Inc. 6009 Harford Rd., Balto 14 DATE Md.

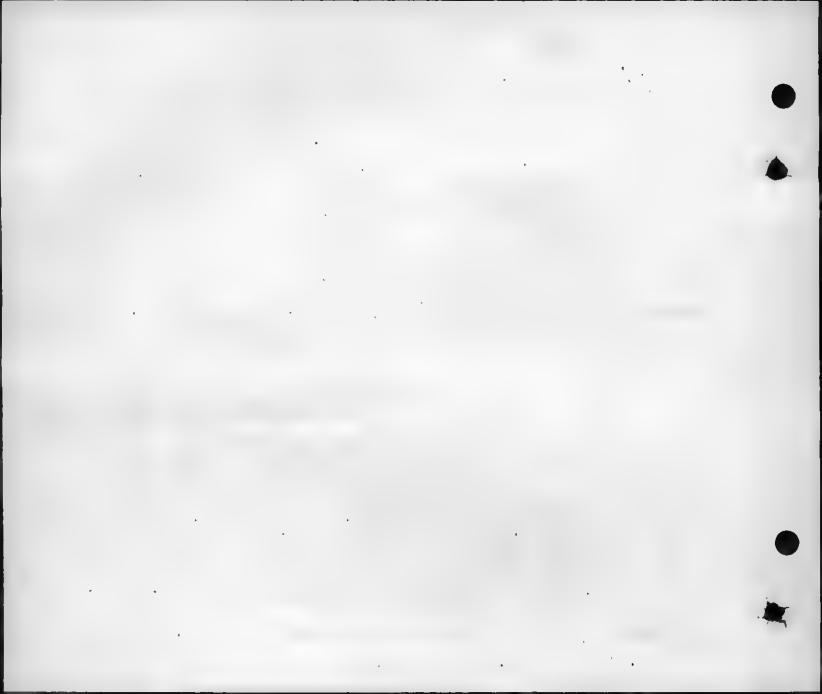


TO HOSPITAL OR A DOUG FHYSICIAN: The law require that the death certificate be executed within 24 haurs after the page 4 has been signed by the attending physician and completely file. In by the further page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death.

TO F VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		79999		CERTIF	ICAIL	OF DEATH	1			1250	00
1	PLACE OF DEATH a. COUNTY	Baltimore	Co.	MARY		OFFICE OF A PROPERTY OF A PROP	Vhere decease	d lived. If institution b. COUNTY	in. Residence	before com	Ission)
	b. CITY OR TOWN (RURAL and give no OWSON	If autside corporate limit earest tawn)	s, write	c. LENGTH OF STAY	mto.	c. CITY OR TOWN (IF	f autside corpo	orate limits, write RI	JRAL and giv	ve nearest to	wn)
10	d. NAME OF HOSPI	TAL (If not in hospitol, g n Convalesc		ddress) / /	6	d. STREET ADDRESS 19 St. Fra	inc's l	Road		ON	ESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Katheri		Middle	-	mory last	4. DATE OF DEATH	Decen		3,796	7 ₁₉
5 3	F.	6. COLOR OR RACE White	7. MARRIE			ct 2. 1881		9. AGE (In years last birthday) 80 yrs.		Doys Haur	
10a	during most of wor	ON (Give kind of work of king life, even if retired)		,	R INDUSTR	11 BIRTHPLACE (Slot	te ar fareign c	ountry)	12.CITIZ	EN OF WHAT	COUNTRY
13	FATHER'S NAME	nere		nome	-	1. MOTHER'S MAIDEN	Y <i>P.T.M.C</i>	iny)/1	
	?		Fisch	hback		Lissie	Pfile	2.11			
		R IN U. S. ARMED FOR		OCIAL SECURITY NO	, 17, INFO	RMANT	77	Addr	911		
	no 1	none		4-01-2829	Mas	Anton Sch	uvan zho	ng 619	St. 1	nanci	1 Rd
		ATH [Enter only one co	use per line	far (o), (b), and (c).	1		0	11		INTERVAL I	BETWEEN
	PART I, DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	De	compensati	ive ca	rdio vascul	lar dis	ease			
	422,1	DUE TO									
	Canditians, if a		1								
	gave rise to i	mmediate DUETO									
	lying cause lost.)A	rterioscle	erosis						
CERTIFICATION	PART II. OT	HER SIGNIFICANT CON	DITIONS <u>CC</u>	ONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART	PERF	S AUTOPSY FORMED?
	200. ACCIDENT WOR CONTRIBUTING	AS UNDERLYING COME CAUSE OF DEATH MEDICAL EXAMINER)	20b DESCI	RIBE HOW INJURY O	CCURRED. (Enter nature of injury i	n Part I ar Par	t II of item 18 }			
MEDICAL	20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Yes	20d. 1N. While at wark	JURY OCCURRED Nat while of wark		OF INJURY (Hame, fo y, street, affice bldg., e		y or town)	{Co	ounty}	(State
		at (I) (this hospital sed alive on Dec				th occurred 311.		Dec. 13			
	22a, SIGNATURE	aurene (04	26	M.E	ATTENDING _	MED	STAFF PHYS	10		226 DATE SIGNED
	22c. PHYSICIAN'S	wante (/ 0		PA*,L	22d. ADDRESS	DIRECTOR [_	PHTS [1.2/	14/01	
	NAME (Type,	Dr. Laurenc	ce C.	Post		6805 Y	ork Ro	ad, Balto	. 12,	Md.	
230	BURIAL, CREMATIC)F	23c. NAME OF CEM	ETERY OR C	REMATORY	23d LOCA	TION (City, town, o	or county)	(St	tate)
	Burial	Lea 18 1	1967	Meadown	idoe	Memorial 7	Of Elki	ridge, 1	Parylo	ınd	
24	FUNERAL DIRECTOR	'S SIGNATURE'	101	ADDRESS		2So RE	C'D SY REGIS	- 4	STRARYS SIGI	MATURE TURE	
	John A. I	Moran 3000) 8. 1	Baltimore	St.	DATE	DEC 18	'61	المدارسيانين		

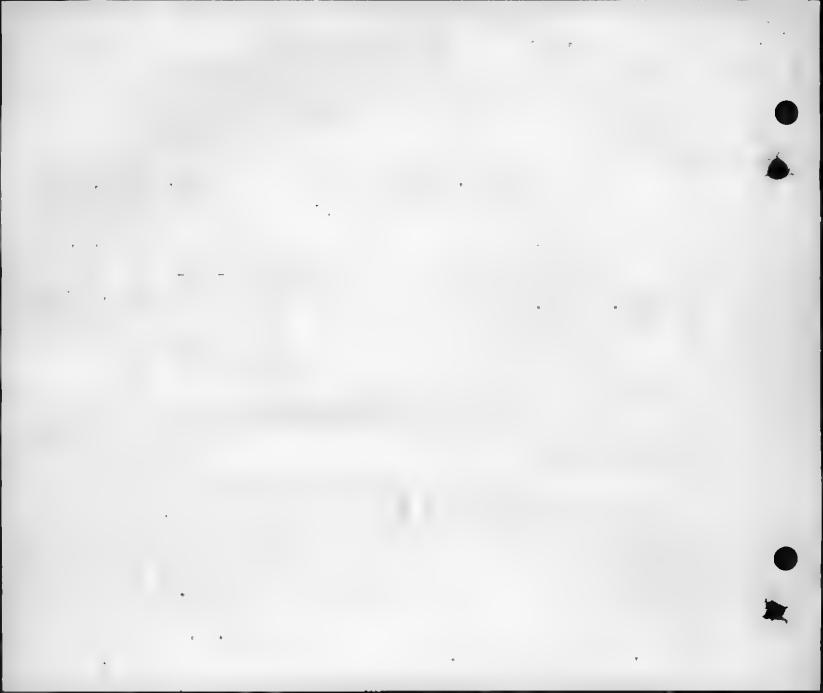


PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 3556 I. PLACE OF DEATH 2. USUAL RESIDENCE (Whata decassed lived, If institution: Residence before admission) a. COUNTY **b.** COUNTY MARYLAND pue b. CITY OR TOWN (if outside corporate .imils, c. LENGTH OF STAY IN 16 c. CITY OR TOWN It outside corporate I'm is, write RURAL and give nearest town! write RURAL and give pearest town) d. NAME OF HOSP TAL OR INSTITUTION (if not in hospita, give stream address) a. 15 RESIDENCE ON A FARM? YES NO 7 3. NAME OF DECEASED (Type or print) DEATH COT withi 6. COLOR OR RACE 7, MARRIED carbon 9. AGE (In years IF UNDER 1 YEAR! DATE OF BIRTH JE JNDER 24 HRS. and lest birthday) | Months | WIDOWED [DIVORCED TOB. KIND OF BUSINESS OR MOUSTRY II HIST MPLACE 12. C TIZEN OF WHAT COUNTRY? done during most of working life, even if ratiradi apper 106 13. FATHER'S NAME ah 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unknown) i (If yas give war or datas of sarvice) 2706 18. CRUSE OF DEATH (Enter on y one cause par light for (E), (b), and INTERVAL BETWEEN ۵ ONSET AND DEATH PART I. DEATH WAS CAUSED BYsigned IMMEDIATE CAUSE (a) **burial-transit** DJE TO attending posicions sicional Conditions, if any, which gava rise to immadiate causa DUE TO (a), stating the undarlying has causa last. the ö PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(8) 19, WAS AUTOPSY certificate 10° PERFORMED? NO . 208. ACCIDENT WAS UNDERLYING UP. CONTRIBUTING CAUSE OF DEATH 2Db, DESCRIBE HOW INJURY OCCURED, (Enter nature of 'njury in Part I or Part I. of itam 18.) After this 20c. TIME OF INJURY Month, Day, Year 2Dd. NJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (State) factory, streat, offica bidg., atc.) Whila Not While Hour a.m. at work at work DIRECTOR: to 196/, that (I) (we) last Alle 12 1961, and that death occured at J. AM, from the causes and on the date stated above saw the deceased alive on...... DATE 22a. SIGNATURE ATTENDING. SIGNED DIRECTOR PHYS. MD. PHYS. 22c. PHYSICIAN'S. 22d. ADDRESS NAME (Type) 1 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BUR AL, CREMATION, | 23b. REMOVAL (Spacify) 高寺 10% FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) C' L'un S. Thomas DEC 1 8 '61 15M 9/60

RTMENT OF HEALTH

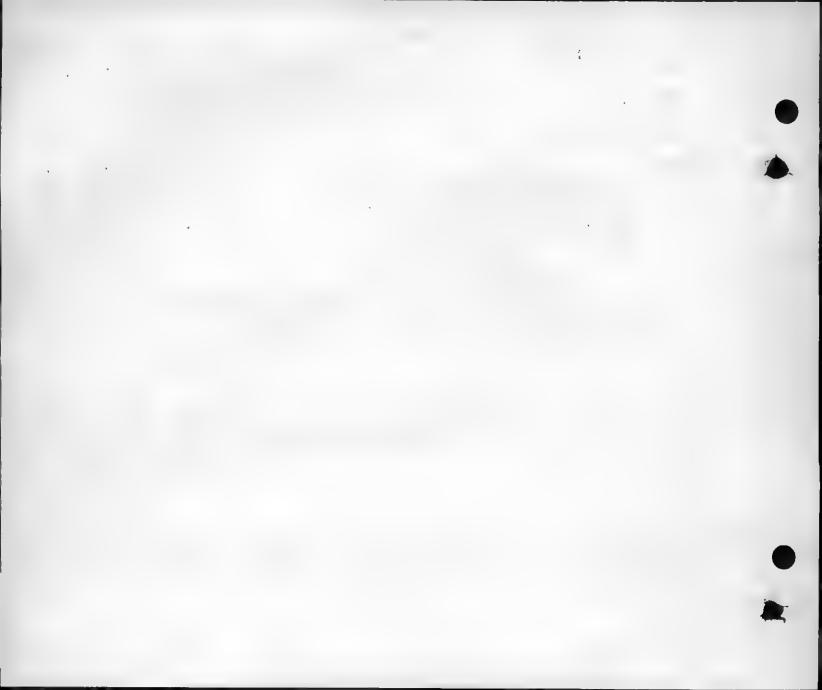


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



CERTIFICATE OF DEATH 13558 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESUENCE (Whe deceased lived. If institution, Residence before admiss on) o. COUNTY a STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits) write RURAL and give nearest town) c. LENGTH OF STAY IN 16 d. NAME OF HOSPITAL (If not in hospital, give street address is RESIDENCE ON A FARM? YES NO P NAME OF Middle 4. DATE Year DECEASED DEATH (Type or print) 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF LINDER 1 YEAR IF UNDER 24 HRS 6 COLOR OF RACE 7. MARRIED T NEVER MARRIED T pletely Months Doys WIDOWED IT DIVORCED [yrs. popery USUAL OCCUPATION Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) INIO RE puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5 physici 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO INFORMANT CAUSE OF DEATH [Enter only one couse per time for (g), (b), and (c). INTERVAL SETWEEN PART I, DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (g) ō DUE TO CARCIMOMA Conditions, if any, which signed gove rise to immediate DUE TO couse (o), stating the under-STUMACH lying cause lost hos been PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 19 CERTIF. 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (Stote) (County) factory, street, affice bldg., etc.) Hour o. m. While Nat while of work of work 21. I certify that I attended the deceased fram. 19_1that I last saw the deceased and that death occurred at 12. _M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURES ъ PHYSICIAN'S NAME (Type) 22d. LOGATION (City, town, oc.county) 220 BUR AL CREMATION. \$24. NAME OF SEMETERY OR CREMATORY (Stote) SEMOVAL (Specify) 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) DATE 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

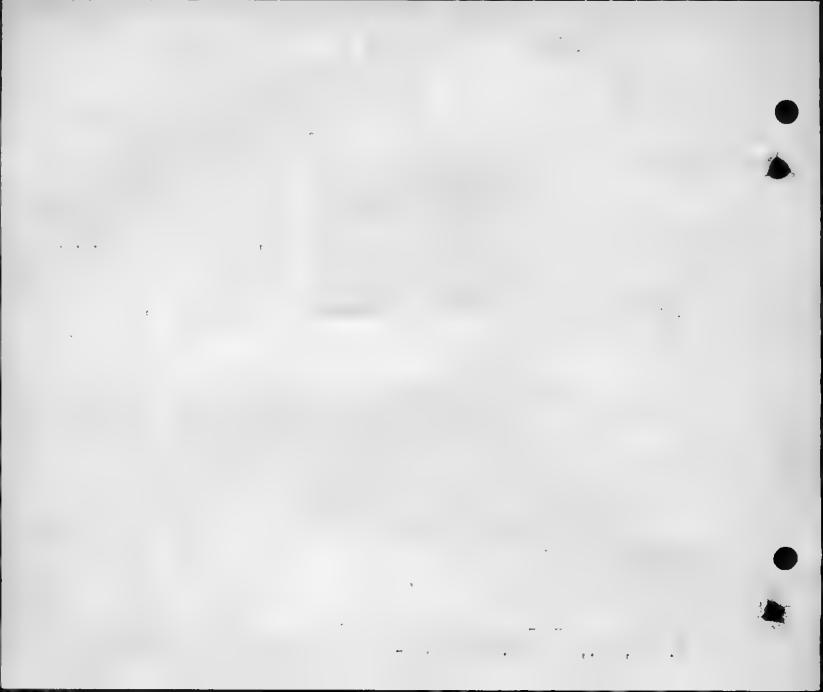


1	1	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
* :	· X		13559 CERTIFICATE OF DEATH Reg. Dis 13537
\$.E	filed with		1 PLACE OF DEATH o. COUNTY o. COUNTY o. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
ath.	3 1	ΛÌ	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown)
P P	를 🚺	<u>ال</u> ا	d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE
ours of by th	d 2 sh	Y	423 Schwarts ave 2102 Barclay St. ON A FARM?
n 24 ho	les Jan	1	3 NAME OF DECEASED [Type or print] FIRY FLANAGAN SR DEATH 72/27 196
d within	es.		5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH NEAD WIDOWED DIVORCED Feb 9. 1903 9 AGE (In years FUNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min
xecuted d camp	poper leath.		10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY 13 COUNTRY 14 COUNTRY 15 COUNTRY 16 COUNTRY 17 COUNTRY 18 COUNTRY 19 COUNTRY 10 COUNTRY 11 BIRTHPLACE (State or foreign country)
be e	irbar Ter o	ŀ	13. FATHER'S MAME
cate	6 5		Henry Flanagan de mary Walker
phy	hau.		15. WAS DECEASED DEER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no. or unknown) (If yes, give wor or dates of service)
th coding	35e r		no 11/40, que voi a deles d'service) 212.03-0633 Dolores Mason-2102 Barclay St.
deo	를		18 CAUSE OF DEATH [Enler only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY MULTIPLE MVELOMA IMMEDIATE CAUSE (a) MULTIPLE MVELOMA ONSET AND DEATH
t the	Then		DUE TO
tho by	جَ <u>ا</u>		Conditions, if any, which) (b)
uire	in a		gove rise to immediate DUE TO
r required si	and	Λ	lying couse lost. (c)
he law physic has be	rial-tro moval,		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
IAN: 1 rending ficate	the bu		20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC il ar at his cert	use as		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. 19 While No! while all wark all of work 19 while work 19 No! while all wark all of work 19 No! while all wark 19 No! wark 19 N
NG Ispite	년 년 5 년 8		21. I certify that I attended the deceased from from 1960, to Dec >7 , 1961, that I last saw the decease
TENDI the ho	Prache buria		alive an, 19.0 / , and that death accurred at, M, fram the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNI
RECTO	d be de prior to	,	SIGNATURE A.S. Chargaer M.D. 6210 York Road
reform	should istror	1	PHYSICIAN'S Dr. T. S. CHALFANT Baldinor 18 Mg
S S	ge 3		220. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State)
0 0	점		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS A1S (1	Um. l. Pohating h 1701 M. Culloh St. DATES N 2 162 Coming & Theres
15M 9/SE		(le	Batta, ma.



DIVISION OF STATISTICAL RESEARCH AND RECORD W. PRESTON STREET, BALTIMORE 1, MARYLA 13550 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) a. COUNTY b. COUNTY /1 Marvland 무건 MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outs'de corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 Cockeysville Baltimore 29 filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE 116 Westowne Road ON A FARM? Masonic Home YES NO 3. NAME OF Middle 4. DATE DECEASED Zelda Forrest 19 6/ (Type or print) DEATH 9. AGE In years IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED T NEVER MARRIED T lest birthdey) Months and WIDOWED hysician 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (County & Stele, or foreign country) remove 106. KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Housewife Baltimore, Maryland Ē 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME Edward Clarke Irene Gray 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) ! [[fyes give wer or detes of service] none no Masonic Home, Cockeysville, Md 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH H WAS CAUSED BY: Arterio cluste. Cardin - 1 massulas) PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if env. which gave rise to immediate cause DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDIT ON GIVEN IN PART 1(*) 19. WAS AUTOPSY PERFORMED? YES NO [200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Perl I or Perl II of Item 18.) OR CONTRIBUTING T CAUSE OF DEATH (IE EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm. 20f. (City or lown) (County) (Stele) factory, street, office bldg., etc.) Not While Hour a.m. et work | et work 21. [certify that (I) (this beautial) attended the deceased from Ost 19 to Rec. 21, 16 /.. that (1) (we) last 19.6/, and that death occured at 2.3M. from the causes and on the date stated above. saw the deceased alive on 2 2 1 226. SIGNATURE 22b. DATE SIGNED ATTENDING Ke with PHYS. PHYS. DIRECTOR 22c. PHYSICHAN'S 22d, ADDRESS 23d. LOCATION (City, town or county) BURIAL, CREMATION, | 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 8. e. d. s. Loudon Park Cemetery Baltimobe BURIAL 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Wm. Cook, Inc., 1217 St. Paul Streetm ZONE 2 withing of France 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH of statistical research and records, 301 w. preston street, Baltimore 1, Maryland 3561 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institutions	Residence before admission
Baltimore MARYLAND	a. STATE b. COUNTY	
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b wr te RURAL and give neerest town)	c. CITY OR TOWN (If ouls de corporete timits, write RURAL en	d give nearest town)
Fort Howard - L1 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Baltimore - 1 3 1 L	o. IS RESIDENCE ON A FARM?
Veterans Administration Hospital 3. Name of Middle Middle	219 W. Morument Street	Day Yeer
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	FORWOOD DEATH De cember	
Male White WIDOWED D VORCED X	11/26/88 last birthdey) Months 73 yrs. 11 BIRTHPLACE (County & State, or fore gn country) 12. Cl	Days Hours Min,
	Baltimore, Maryland U	.S.A.
William T. Porwood 15. WAS DECEASED EVER IN U.S.FARMED FORCES? (Yes, no, or unkown) (Hyespivewarordstesofservice) Yes WH-1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Mary Hanely Meromant Clinical Records Handler H Baltimore 18, Md-FORT HOWARD 1	DIVISION
PART I. DEATH WAS CAUSED BY: CARCINOMA OF BIADI	DER	UNKNOWN
Conditions, if any, which gave rise to immediate cause (e), stating the underlying cause last. Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		4-5 DAYS
§ GASTRIC ULCER		PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH	. (Enter nature of injury in Part I or Pert I of item 18)	
	CE OF INJURY (Home, farm, 20f. (City or lown) (Coopers, street, office bldg, etc.)	unty) (State)
21. I certify that XI) (this hospital) attended the deceased from, saw the deceased alive on. Dec24161, and that		
220. SIGNATURE	ATTENDING MED STAFF	2/26/61 DATE SIGNED
230. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 12-28-6/ Burial Baltimore Nat		
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	
Wm-Cook Blight, Inc. 6009 Harford Rd. Bal	Lto. Md. DATEC 2 8'61 Carthur S.	Thank -

hours after

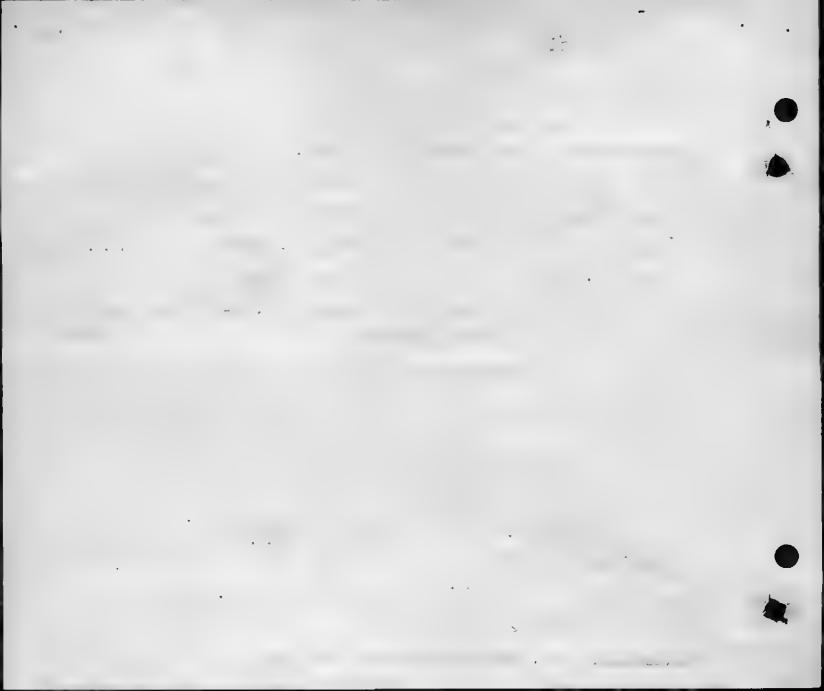
g physician and company filled in by the funeral assignments carbon papers. Pages I and 2 should in any event, within 72 hours after death. 20

exe

ATTENDING PHYSICIAN; The law requires that the death certificate be TO TERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please semaye carbo be filed with the State Dept. of Health prior to burial, cremation, or removal, and if any event, wi

TO HOSPITAL

VR A15 (4) ISM 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYEA CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, if Institution; Residence before edmission) a. COUNTY b. COUNTY a. STATE Baltimore Maryland MARYLAND b, CITY OR TOWN (flouts de corporate limits, c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 à write RURAL and give neorest town Baltimore IS RES DENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) House in the Pines d STREET ADDRESS ON A FARM? 153 S. Collins 16 Fusting Avenue YES NO 3. NAME OF 4. DATE Middle DECEASED OF William D. Gaiertv December 19 61 DEATH (Type or print) AGE (In years | IF UNDER 1 YEAR ! 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH last birthday) Months Hours Male July 19. 1881 WIDOWED Y DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Stele, or foreign country) physician done during most of working life, even if refired) Bar Tender Baltimore, Maryland (Ret. d) U.S.A. 13. FATHER'S NAME I 14. MOTHER'S MAIDEN NAME pleas Bridgett John William Gaierty Delaney aften Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [Yes, no, or unkown) [lifyesgivewerordetesofservice] John W. Gaierty 153 S. Collins Ave. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), j PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (e) ad General alteriosderises DUE TO gave rise to 'mmediate cause (a), steting the underlying certificate has the PART H, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY PERFORMED? NO 4 20b. DESCRIBE HOW INTURY OCCURED, (Enter neture of injury 'n Pert I or Pert II of item 18.) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED (20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State) Month, Dev. Yeer fectory, street, office bldg., etc.) Not While While Hour a.m. et work at work 21. I certify that (I) (this hospital) attended the deceased from... 19.01..., and that death occurred at 7.000 from the causes and on the date stated above. 226. DATE ATTENDING Colist DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stata) 23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial \$ 0 th 2 St. Peter's Cemetery Baltimore, Maryland Dec.13.1961 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 [4) 1217 St. Paul Stree BATE DEC 1 2'61 C Lut & Krous William Cook, Inc. 15M 9/60



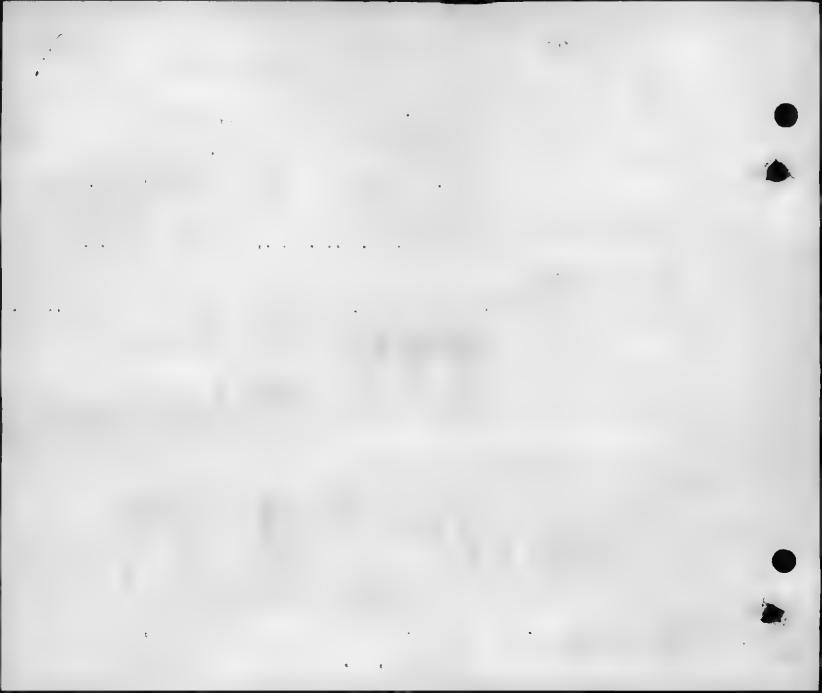
Glen Burnie, Md.

DATEDEC 2 8 '61

(" Lur & France

death certificate be

VR A15 (4) 15M 9/60



STREET, BALTIMORE 1, MARYLAND TATISTICAL RESEARCH AND RECORD funeral should USUAL RESIDENCE (What deceased lived, If institution, Residence before edm ssion) PLACE OF DEATH e. COUNTY MARYLAND E, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give necrest town) by ti and b. CITY OR TOWN (if outside corporete limits, write RJRAL and give nearest town) OATONSVILLE 501666 filled d. NAME OF HOSPITAL OR INSTITUTION (if not 'n hospital, give street address) d. STREET ADDRESS 3. NAME OF DECEASED OF 13HT DEATH (Type or print) 6. COLOR OR RACE 9. AGE (In years | IF JNDER 1 YEAR 7, MARRIED Months DIVORCED WIDOWED T physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? AL BIRTHPLACE County & Stel or foreign country) 13. FATHER'S NAME attending pl 14. MOTHER'S MAIDEN NAME Virginia --- Not Known 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive wer or detes of service) theoright -1010akdall 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO LHW 147 FY gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 19. WAS AUTOPSY CERTIFICATION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury 'n Pert I or Pert II of 'tem 18.) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED; 20e. PLACE OF INJURY (Home, ferm, 2Df. (City or fown) factory, street, office bldg., atc.) While Not While Hour a.m. at work el work RECTOR: saw the deceased alive on.... 22e. SIGNATUR ATTENDING MED STAFF DIRECTOR PHYS. PHY5. M.D. 22c PHYSICIAN'S 22d. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) direct be file 23a. BURIAL, CREMATION. 25a. REC'D BY REGISTRAR VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE

19

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO

(State)

22b. DATE

SIGNED

IF UNDER 24 HRS.

ON A FARM? YES NO

T de



AND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town c. LENGTH OF STAY IN 16 write RVRAL and give nearest town) OR INSTITUTION (if not in hospital, give street eddress) IS RESIDENCE ON A FARM HAISLENI INNE YES NOV NAME OF DECEASED OF DEATH (Type or print) IF LINDER 24 HRS. PRACE 7. MARRIED NEVER MARRIED LA AGE (In years | IF UNDER I YEAR | and last birthdey) WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? (County & State, or fore as country) during most of working life, even if refired) ATHER'S NAME TE WAS DECEASED EVER IN J S. ARMED FORCES? 16 SOCIAL SECURITY NO. L 17. (Yes, not or unknown) (If yes give wer or defes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH PART I, DEATH WAS CAUSED BY: 2 4 hrs IMMEDIATE CAUSE (a) **DUE TO** gave rise to immediate cause **DUE TO** (e), steting the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CENTIFICATION PERFORMED? NO E Lin sel 200. ACCIDENT WAS UNDERLYING 1 20b DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 200 PLACE OF INJURY (Homo, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Nof While Hour a.m. et work et work a.m. 21. | certify that (1) (this hospital) attended the deceased from 12/2, 192 that (1) (we) last 22a, SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) (State) REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) TSM 7 61 Cirilian S. Frank DATEDEC 2 8 '61



TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAN CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) Baltimore Må ltimora MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) Catonsville Catonsville d. MAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Nursing Home Langford YES NO KAME OF DATE Month Yaar DECEASED OF Philip Germack. (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER TYEAR | SEX IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months Hours NA Ers. Male WIDOWED 86 DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY B.RTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired Dispatcher United Railway---Balto.Md. USA 13. FATHER'S NAME TAS MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unkown) | (Hyesgive wer or detes of service 216 Mrs.Ruth Newark. 1422 Langford 09 4299 INTERVAL BETWEE 18. CAUSE OF DEATH Enter only one cause per line for (e). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 42010 DUE TO rotic hea Conditions, if any, which gave rise to immediate cause DUE TO (a), steting the underlying cause lest. PART II OTHER GRANCANT CONDUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY FICATION PERFORMED? YES NO prior 20h, DESCR BE HOW INJURY OCCURED. Enter neture of injury in Pert Lor Part L of Item 18) 20a ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH CERT (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20d. INJURY OCCURRED | (County) [Stata] 20c TIME OF INJURY Month, Day, Year factory, street, office bldg , etc.) While Not While at work 19 caftify that (i) (this hospiter) attended the deceased from Land III. M, from the causes and on the date stated above and that death occured at. saw 220 ATTENDING PHYS. PHYS. 236. BURIAL, CREMATION, 236. DATE THEREO 23E. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) [State] REMOVAL (Specify) Buria Balt imore 6 REC'D BY SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS REGISTRAR .D. 4101 dmondson

AARYLAND STATE DEPARTMENT OF HEALTH

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VR A15 (4) 15M 7 61



BALTIMORE 1. MARYLAND CERTIFICATE OF Firm G30 2. USUAL RESIDENCE (When deceased lived, if Institution: Ras dence before edmiss on 1. PLACE OF DEATH a. COUNTY Page a. STATE b. COUNTY MARYLAND Maryland b, CITY OR TOWN (f oulside corporale limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) direct Baltimore d. NAME THOUSAL OR INSTITUTION (if not in hospital, give streat addrass) d STREET ADDRESS IS RESIDENCE ON A FARM? State vlvale YES NOT eath. 3. NAME OF 4. DATE Month Year DECEASED OF the (Type or print) DEATH 1964 6, COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR : IF UNDER 24 HRS 2 wi last birthday) Months WIDOWED yrs. 10a LSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign country) 12 CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratired) ve Pages 1 Housewife Home 14. MOTHER'S MAIDEN NAME USA 13. FATHER'S NAME Give Nathan Katz Gertrude unknown event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Mrs. Gertrude Weinberg -- Same 217-26-9223 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] NTERVAL BETWEEN .⊆ ONSET AND DEATH PART I DEATH WAS CAUSED BY: of colours pmnci IMMEDIATE CAUSE (a) Ö DUE TO 造の Conditions, if any, which (b) gava rise to immedieta ceusa DUE TO (a), stating the undarlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HELL 19, WAS AUTOPSY PERFORMED? NO C v 2Da. EXTERNAL CALSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I) or Part II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, ' 2Df. (City or town) Month, Dev. Yeer (County) (Stelle) Ü factory, street, office bidg., etc.) While Not While at work af work Inspection ... 21. I certify that I took charge of the remains described above, held an Autopsy | 1. and in my opinion Inquiry X DIRECT death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED Shows be for FUNERAL 1 SIGNATURE designali DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, lown, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) Sick Benefit REMOVAL (Spacify) Progress BURIAL Baltimore, Md. 35 TÖ. 23. FUNERAL DIRECTOR Reist 246. REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE Rd. VS. A15ME SOL LEVINSON & BROS INC DATE DEC 1 8 '61 Citi my S. Thomas



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed l'yad, Il institution: Residence before admission) a. COUNTY Beachwood, Md. a. STATE b. COUNTY Md. by the and 2 death, MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares, lown) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Beachwood Pagesal d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 8240 Beachwood Road. YES NO 3. NAME OF 4. DATE Middle DECEASED Anna K. Greif Dec 9,1961 (Type or print) DEATH 19 pou. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years ! IF UNDER 1 YEAR ! (ast b'rthday) and Months. female Days Hours Min. Mar11.1896 WIDOWED [lease femove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Baltimore U.S.A. housewife at home none 13. FATHER'S NAME 1 14, MOTHER'S MAIDEN NAME George Hemmeter-deceased Amelia Schuster-deceased ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 8240 de Beachwood Rd. (Yes, no, or unkown) (If yes give wer or dates of service) Joseph B. Greif-husband none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: - IMMEDIATE CAUSE (e) has been signe le burial-transit DUE TO Conditions, if any, which geve rise lo immediate causa DUE TO (a), stating the underlying the bur burial, PART II. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? No F prior 20e, ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW NURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.)
OR CONTRIBUTING [] CAUSE OF DEATH R: After this detached for (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, * 20f., (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. al work at work D.m 21. I certify that (I) (this hospital) attended the deceased from.... saw the deceased alive 220. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) 236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Burial के हैं दे Sacret Heart Cem. German Hill C. E. Schimunek 3331 25e, REC'D BY REGISTRAR | 25b. REGISTRAR'S, SIGNATURE Brehms Lane VR A15 (4) DATE DEC 1 2 '61 Circles S. Flence 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

λq

physician

attending

ending physician. been signed by the

aftending

certificate

y be retaine DIRECTOR: /

Page

STON STREET, BALTIMORE 1, MARYLAND



TO HOSPITAL OF TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the paper of the haspital ar ottending physician.

TO FE TAL DIRECTOR: After this cert ficate has been signed by the attending physician and completely fill in by the innered director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death. path Page 4 TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aff TO FC VR A15 (4) 15M 9/59

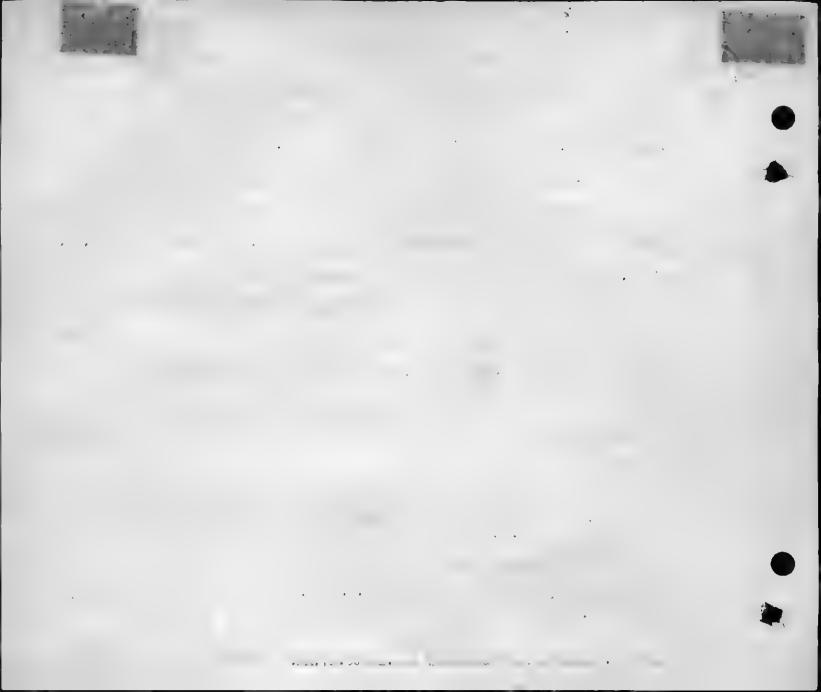
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12570

-	-						491-033	_		
		LACE OF DEATH L. COUNTY altimore County	MARYLAND	2. USUAL RESIDENCE (Who	h cou		befole todays of			
	M	CITY OR YOWN (If outside carporate limits, write RURAL and give nearest lown) t. Wilson, Flary land	LENGTH OF STAY IN 16		utside carporate limits, wri	ite RURAL and give	d give nearest town)			
	M	t. NAME OF HOSPITAL (If not in hospito), give street to RINSTITUTION State Hospital	oddress)	1201 BZ	Ker Ave	,	e. IS RESIDENCE ON A FARM? YES NO	<u> </u>		
1	3. 1	Month	Day Year 12 , 19 6 /	-						
/	5 9	6 COLOR OR RACE 7. MARR	RIED NEVER MARRIED	8. DATE OF BIRTH 2/16/02	9. AGE (la ye lost birthdo		YEAR IF UNDER 24 HRS ays Haurs Min.	<u>i.</u>		
	10a	USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even f retired) HOUSE WIFE	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole of	or foreign country)	12 CITIZE	U.S.4.	7		
	13.	Theodore Swe	Elar	14. MOTHER'S MAIDEN N	1 / /	or an	1			
	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		rormant spital Records	0	Address .				
		110 0 3	ne for (o). (b). and (c).] EPTIDSC1E	rotic Ca.	-diec Di		INTERVAL BETWEEN ONSET AND DEATH			
		Canditions, if any, which gave rise to immediate cause (a), stating the <u>under.</u> lying cause last.						_		
,	CATION	PART II OTHER SIGNIFICANT CONDITIONS O	010515	(o) 19. WAS AUTOPSY PERFORMED? YES NO						
20a ACC DENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
	MEDICAL	Haur a. m. While		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.	20F (City or town)	(Cai	unty) (State	2}		
		21 I certify that (I) (this haspital) attends sow the deceased alive an 12-1	4 .	leath occurred of	¢. /		., that (I) (we) las			
		220 S GNATURE Williams		M D. PHYS DIE			22b DATE SIGNE	D		
1		Wm. Newcomer, M.D., Supe	rintendent	At. Wilson	State Hospi	tal, Mt.	Wilson, H	d.		
	23 a	BURIAL CREMATION, 236 DATE THEREOF REMOVA. (Specify) BURIAL 12/16/6/	1230 NAME OF CEMETERY OF	ENTY	23d LOCATION (City, to	wn, or county)	(State)			
	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 101 EDMONE	250. RECY SON HULDATE	BY REGISTRAR 256.	REGISTRANS ŠIGĀ	4 10			



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 13 MARYLAN CERTIFICATE OF DEATH USURL RESIDENCE (Where deceased lived, If institution: Rasidence before admiss on) PLACE OF DEATH Baltimore a. SIMaryland b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits. c. CITY OR TOWN (if outside corporate limits, write RURAL and give negras) lown) c. LENGTH OF STAY IN 16 write RURAL and give neerest town)
Fort Howard 116 Days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Caroline Street Veterans Administration Hospital 1701 N. YES NO X 3. NAME OF DECEASED DEATH 61 (Type or print) .TOHN GRIFFIN December carbon , 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR (ast birthdev) and WIDOWED [DIVORCED April 10, 1895 Male Negro 10a, USJAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. OT ZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maintenance Golden Hill, Maryland U. S. A. Janitor 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Louis W. Griffin Nancy J. Payton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Clinical Records, VAH, Baltimore 18, Maryland (Yes, no, or unkown) (If yes g ve war or dates of sarvice) 218-10-2611 Fort Howard Division 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: BRONCHOPNEUMONTA IMMEDIATE CAUSE (a) has been signed to burial-transit purial, cremation, DUE TO CARCINOMA OF THE PROSTATE WITH GENERALIZED Years (b) gave rise to immediate cause XXXXX METASTASTS (a), stating the underlying icate I as the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? PYELONEPHRITIS NO 208. ACCIDENT WAS UNDERLYING LOR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) After this contact 20d. INJURY OCCURRED: 20e. PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) Not While factory, street, office bldg., etc.) While Hour a.m. at work at work 21. I certify that M (this hospital) attended the deceased from August 16, ..., 19. 61 to December 10:961, that A (we) last 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. 11/61 22c. PHYSICIAN'S 22d. ADDRESS Chief Medical Service M.D. VAH, BALTO 18 MD FT HOWARD DIVISION 23a. BURIAL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town or county) REMOYAL (Spacify) Baltimore National Cemetery __Baltimore 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) DEC 1 3 '61 15M 9/60 Elroy O. Wilson, 1000 Brantley Ave. Balto. 17. Mt.



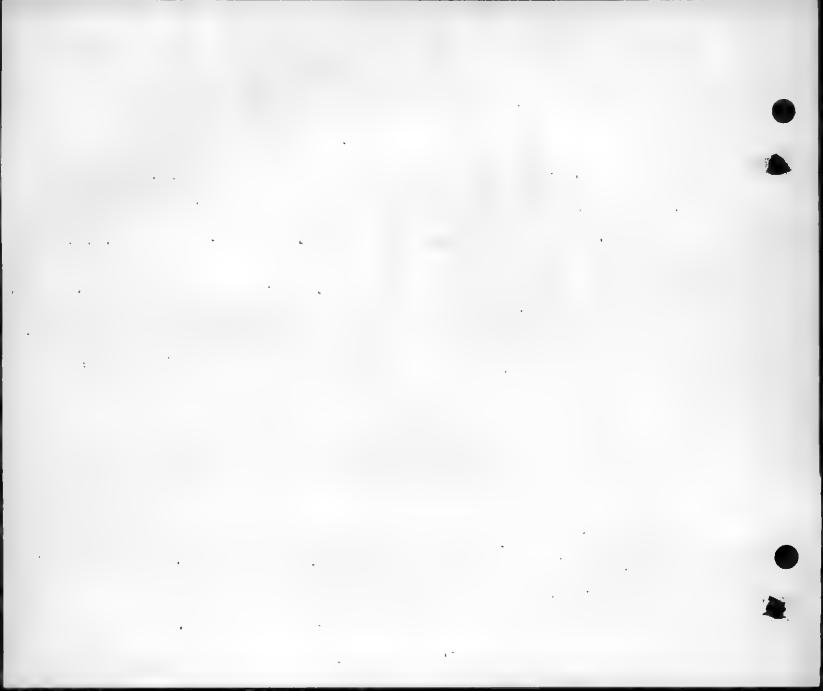
VS A15 (4) 15M 9/58

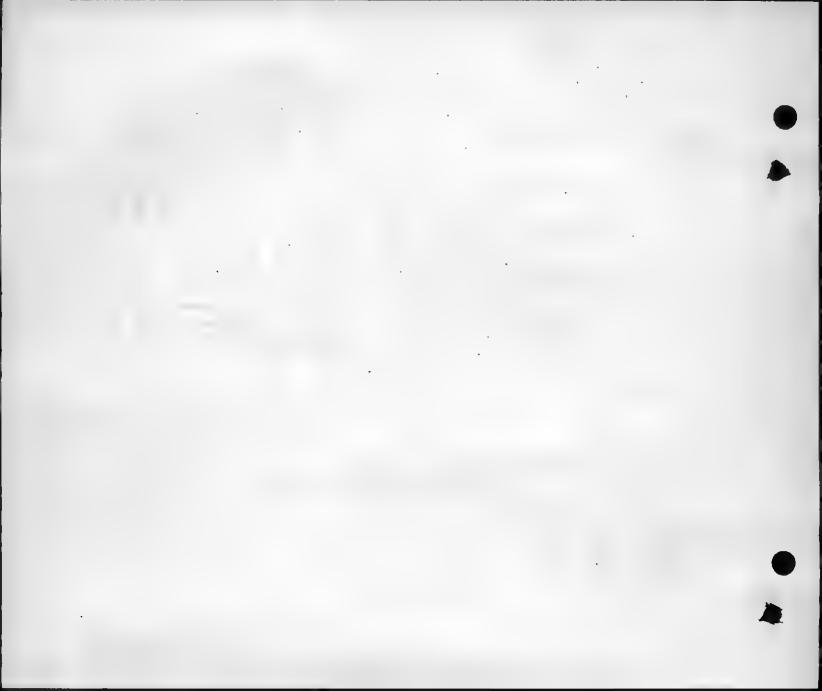
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Reg. Dis 18550

The second secon								
1. PLACE OF DEATH O. COUNTY BALTIMORE MARYLAND 2. USUAL RESIDENCE (Where deceosed lived. If institution Residence before odmission) A STATE MARYLAND BALTIMORE BALTIMORE								
b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
RURAL ond give negrest tawn) Baltimore 29	XBALTIMORE 29							
d. NAME OF HOSPITAL (If not in hospital, give street address)								
or institution 4420 Alan Drive	d. STREET ADDRESS 4420 Alan Drive d. STREET ADDRESS 0. IS RESIDENCE ON A FARM?							
3 NAME OF First Middle								
(Type or print) Mary Elizabeth Grill	Lost 4. DATE Month Day Yeor OF DEATH December 18, 1961							
5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Dovs Hours Min							
F. W. WIDOWED DIVORCED	SEPT. 30, 1871 90 yrs. Months Doys Hours Min							
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIES OF Working life, even if relired)	STRY 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY?							
Housewife at home	Baltimore Maryland U.S.A.							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Louis Kossman	unknown							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. H	NFORMANT 3104 Royston Avertue Balto.14, MD							
(Yes no, or unknown) (If yes, give war or dates of service) NO 214 24 6633 M	r. C. Franklin Grill							
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN							
PART & DEATH WAS CAUSED BY:	no Fleremboses ONSET AND DEATH							
4201 DUE TO 1/	7 1911							
Conditions, if ony, which) " Authenleusers.	Date of CVI II							
gave rise to immediate	Just the Control of the season							
Louse (a), stating the <u>under-</u>								
, [6]	NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(a) 19 WAS AUTOPSY							
CATIC	PERFORMED? YES NO JO							
200, ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH	D (Enter nature of injury in Part I or Part II of item 18.)							
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)							
Hour o.m. 19 While Not white for p. m. 19 of work of work	ctory, street, office bldg , etc)							
21. I certify that I attended the deceased from Oct	1958 ta Nec 18, 19 6 that I last saw the deceased							
alive an har death	accurred at 11:30 P.M. fram the causes and on the date stated above.							
() Dett / Can	ADDRESS (Street, city or town, stote) DATE SIGNED							
SIGNATURE Secret calalian	MD. 4201 Wilkins Avenue 12/19/61							
PHYSICIAN'S								
NAME (Type) John F. Coolahan								
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or caunty) (State)							
Burial 12/22/61 BALTIMORE C	EMETERY BALTIMORE MARYLAND							
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE							
HENRY SANDER & SONS INC BALTIMORE	MD. DATE							
	2 2 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							





STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, if institution: Residence before edm ssion) a. COUNTY Baltimore director. Page or your files. Maryland Baltimore b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town! Lansdowne Lansdowne uneral din d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE 3325 Hollins Ferry Road ON A FARM? 3325 Hollins Ferry Road YES NO X 3. NAME OF Middle DATE Year DECEASED HAINEY WINIFRED. (Type or print) Mav December 61 DEATH 10 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Male Hours White WIDOWED [DIVORCED TO Feb.4 age 5 1 and 72 b5 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? done dwine chanics he i ber North Carolina PM3. Pa pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Roberson Lee Hainey Lula Norris 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unkown) [(If yes give wer or detes of service) s's Office along with for a burial-transit permit removal, and in any e 247-28-4491 WWIJ Jesse Hainey 125 Carrollton Ave.#23 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Hypertensive/Heart/Disease/ IMMEDIATE CAUSE (a) DUE TO Acute Alcohol Intoxication Conditions, if env. which certificate sho gave rise to immediate cause the word "pending Medical Examiner's should be used as a DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART I(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? Hypertensive Heart Disease 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | writing t ficate, o the Ch. Page 3 m 5 20c. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 2Df, (City or town) (County) (Stota) Not While fectory, street, office bldg., etc.) While Hour a.m. et work at work n.m. should be forwarded to the PUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion DICAL Natural causes X Accident Suicide Undetermined manner death resulted from: Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 12/26/61 DEPUTY MEDICAL EXAMINER EXAMINER'S Charles S. Petty, M.D. NAME (Type) Address (Street, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 1 22c. NAME OF CEMETERY OR CREMATORY 1 22d. LOCATION (City, town, or country) (State) Burial 0400 Baltimore National Cem. Baltimore, Maryland ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A1SME Howard H. Hubbard 4107 Wilkens Avenue Call of & Kround DAT DEC 2 9 '61 SM 9/6D



MARYLAND STATE DEPARTMENT OF HEALTH

of statistical research and records, 301 W. preston street, Baltimore 1, Maryland 13575 CERTIFICATE OF DEATH 1355 13553

ш			
ı	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased I ved, If institut on:	Residence before admission
ı	Baltimore Marylan	Maryland b. COUNTY	V
ľ	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN		nd give neerest town]
ı	Fort Howard 10 Days	Baltimore 18	- Anna
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)	d. STREET ADDRESS	1 e. IS RESIDENCE
١			ON A FARM
1	Veterans Administration Hospital	2901 N. Calvert Street	YES NO K
١	3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Dey Yeer
ı	(Type or print) SAMUEL T.	HELMS DEATH December	1 19 63
١	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years IF JNDER	YAL .
ı	Male White WDOWED DIVORCED	March 13,1899 62 yrs. Months	Days Hours Min.
1			TIZEN OF WHAT COUNTRY
ŀ	done during most of working life, even if retired)		
ı	Physician Medicine 13. FATHER'S NAME	Blacksburg, W. Virginia	U. S. A.
Į			
A	Thomas Helms	Kitty Lee Puckett	
1	15. WAS DECEASED EVER NU.S. ARMED FORCES? 16 SOCIAL SECURITY NO 1 (Yes, no, or unknown) (ityesgive were references of service)		0 24 2 2
ł	THE TY OF ALAND	Clinical Records, VAH, Baltimore l	o, Maryland
ı	18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), end (c))	OTO HOWAIR DIVISION	INTERVAL BETWEEN
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) ACUTE MYOCARDIA	TATEA DOUTON	RECENT
ı	ж.		TRECENT -
١	DUE TO CORONARY THROMBO		-t
ı	Conditions, if any, which gove rise to immediate cause	C HEART DISEASE	UNKNOWN
١	(e), stating the underlying DUE TO		
ı	couse lest. (c)	And the same of th	
ı	PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(e) 19. WAS AUTOPSY PERFORMED?
ŀ	DIABETES MELLITUS		YES NO X
ı		JRED. (Enter nature of injury in Pert , or Part II of item 18.)	
1		BLACT OF BUILDINGS	
Ì	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. Hour a.m. While Not While et work et work	PLACE OF INJURY (Home, ferm, factory, street, office bldg., etc.) (City or town)	unty) (Stete)
ł			
ĺ	21. I certify that (I) (this hospital) attended the deceased from	November 21, 1961, to December 1, 19	6.1 that (We) la
1	saw the deceased alive on December 1 19.6] and		
ı	22. SIGNATURE		22b, DATE
ı	(lat 12 halled ma)	M.D. PHYS. DIRECTOR PHYS.	12/1/6
1	John D. Jallet MD.	22d. ADDRESS	
ı	JOHN D. TALBERT, M.D. Acting Chief, Me	odical Commics	
			(Slele)
ı	REMOVAL (Specify)		1
	Cremation 12-4-6/ GREENCUNT	·	Maryland
J	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Md. 25e. REC'D BY REGISTRAR 25b. REGISTRAR 5	SIGNATURE
J	Wm. Cook-Blight, Inc., 6009 Harford Rd.	,Balto. 14 DATE OFC 5 '61 Orillar d.	March

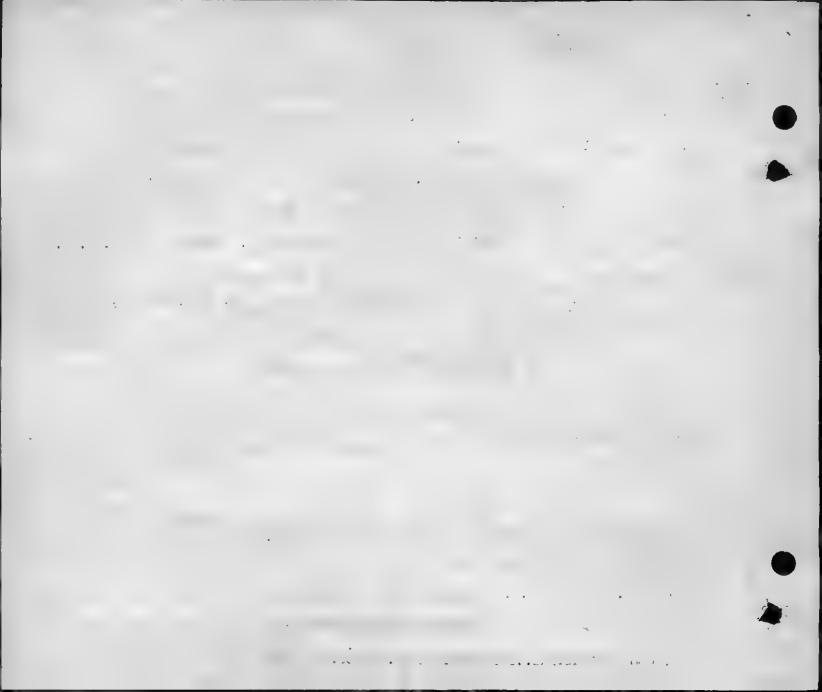
by the funeral hours after filled in I ASSACE TO BE retained by the hospital or attending physician.

TO NERAL ECTOR: After this certificate has been signed by the attending physician and controlled indication, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ally

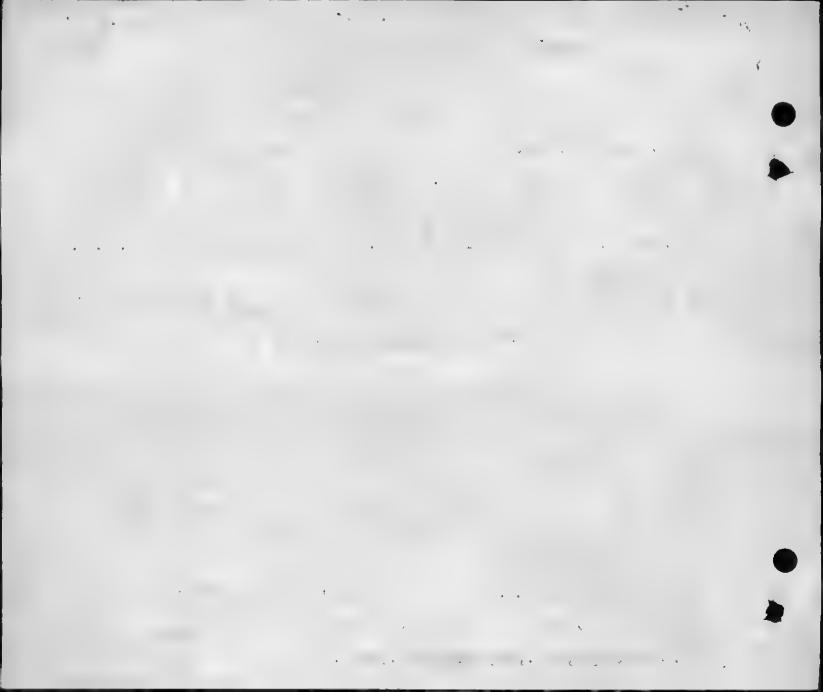
ATTIMING PHYSICIAN: The Tw requires that the dath artificate be ex

TO HOSPIT

VR A15 (4) 15M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 13576 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if Institution; Residence before admission) . County Baltimore e. STATE b. COUNTY MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits. c, CITY OR TOWN (If outside corporete limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 write RURAL and give negrest town) Fort Howard 64 Days Baltimore Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give siraet address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital YES NO X 230 North Patterson 3. NAME OF First DETE DECEASED OF DEATH Type or print) 19 61 CASPER HERGEL December within carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (in years IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. and lest birthday) Months Devs Male White WIDOWED X DIVORCED [6,1887 November 10b. HIND DESERVEINESS OR INDUSTRY 11. B RTHPLACE (County & State, or foreign country) physician 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? Гетоме done during most of working I fe, even if retired) Clothing Cutter Manufacturing Co. Baltimore, Maryland U. S. A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please affending John Hergel Josephine Herr 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Clinical Records, VAH, Baltimore 18, Maryland Yes 215-05-6928 Fort Howard Division WW I INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: STAPHYLOCOCCAL PNEUMONIA. LEFT l Week IMMEDIATE CAUSE (e) burial-fransif DUE TO aftending Conditions, if env. which been (6) geve rise to immediate souse **DUE TO** (e), stelling the underlying has the Ö PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a), 19. WAS AUTOPSY certificate CATION PERFORMED? 8 YES X NO F 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert I of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. al work al work D . 80 y be retained DIRECTOR: 19 61 to December 17961, that (K) (we) last 21. I certify that (x (th's hospital) attended the deceased from October 14 December 17.1961, and that death occurred at A. M. from the causes and on the date stated above. saw the deceased alive long 22b. DATE ATTENDING PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS VAH. BALTIMORE 18,MD., FORT HOWARD DIVISION RUSSO, M.D. 23d. LOCATION (City, lown or county) 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, 236. DATE THEREOF £ #: Baltimore National Cemetery Baltimore S. 25e. REC'D BY REGISTRAR : 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 [4] Curling S. Huma 15M 9/60 Wm. Cook-Blight, Inc., 6009 Harford Rd., Balto. 14 DATE DEC 2 0'61 Md.



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 13577

12555

-									
1.	PLACE OF DEATH O COUNTY	Baltimore	MARYLAND	o STATE Mary La	ere deceased lived if institution and b. COUNTY	Res dence before admiss on)			
Г	b. CITY OR TOWN RURAL and give	(If outside corporate limits, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RUR	AL and give nearest lown)			
	Caton		16 mos	Baltimore		3:604			
	d NAME OF HOSP OR INSTITUTION	TAL (If not in hospital, give street Spring Grove Ho	oddress)	d. STREET ADDRESS	opleton St.	e IS RESIDENCE ON A FARM?			
L		YES NO							
3	NAME OF DECEASED (Type or print)	Cecilia	He Ten	Holmes	4. DATE OF December	10y Year 61			
5	female	6 COLOR OR RACE 7. MAR White widow		8-7-91		FUNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Hours Min			
10	during most of wo	ION (Give kind of work done 10b rking life, even if retired) NONE	KIND OF BUSINESS OR INDU	Marylan		12. CITIZEN OF WHAT COUNTRY?			
13	FATHER'S NAME,	Am BREC	WER	MATHER'S MAIDEN N	I SILdr	NFENNY			
	(e), no or micrown	ER IN U. S. ARMED FORCES? 16, (If yes, give wor or dates of service;		ecords: SPRIN	G GROVE STATE	ÖSPITAL			
		ATH [Enter only one couse per li	ine for (o), (b), and (c)-]			INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY: Heart failure								
	1.77								
	Conditions, if		rteriosclerotic	cardiovascul	ar uiscase				
	cause (a), statin	the under- DUE TO							
_	lying couse lost								
CATION	PART II O	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 177							
L CERTIF									
N.O.	20c TIME OF INJU	, , , , , , , , , , , , , , , , , , , ,		ACE OF INJURY (Home, form stary, street, affice bldg , etc.	, 20f. (City or town)	(County) (State)			
W.E.	p. m. 19 of work of ol work								
	21 I certify that (I) (this haspital) attended the deceased fram Aug. 12 1960, to December 1. 1961, that (I) (we) last								
	saw the dece		19.64, and that c	leath accurred at 7.01	M, from the causes and	an the date stated above			
	220 SIGNATURE CORE & Orizaga, M.D. M.D ATTENDING MED DIRECTOR DIRECTOR 12-2-65								
	22c PHYSIC AN'S NAME (Type)	T 4 0 D		22d ADDRESS SPR		HOSPITAL			
	<	JOSE K. At	IZAGA	Cat	onsville 28, Ma	ryland.			
23	REMOVAL (Specif	ON 236 DATE THEREOF	DEN CHA	R CREMATORY 11 E SAPPAL	23d LOCATION (City, town, or	country (Stota)			
24	FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS / L	250 REC'I	BY REGISTRAR 256 REGISTI	RAR'S BIGNATURE			
1/	12 1 11 01	1 (1.1 1 1.40 / / ///	111 MONTH / C/1/1	SYNT DATE "					

Page 4 mover revolves.

At DIRECTOR: After this certificate has been signed by the attending physician and campletely five the by the tweeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. JENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSPITAL OF TO F VR A15 (4) 15M 9/59



ely filled in by the funeral ers. Pages I apd Z aguid HOSPITAN & ATTENDING PHYSICIAN: The law requires that the death certificate be exercted withing pages. It is not be retained by the hospital or attending physician. ON THERE DIRECTOR: After this certificate has been signed by the attending physician and compared for use as the burial-transit permit. Then please remove carbon papers. Pages Is tiled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

VR A15 (4) 15M 9/60

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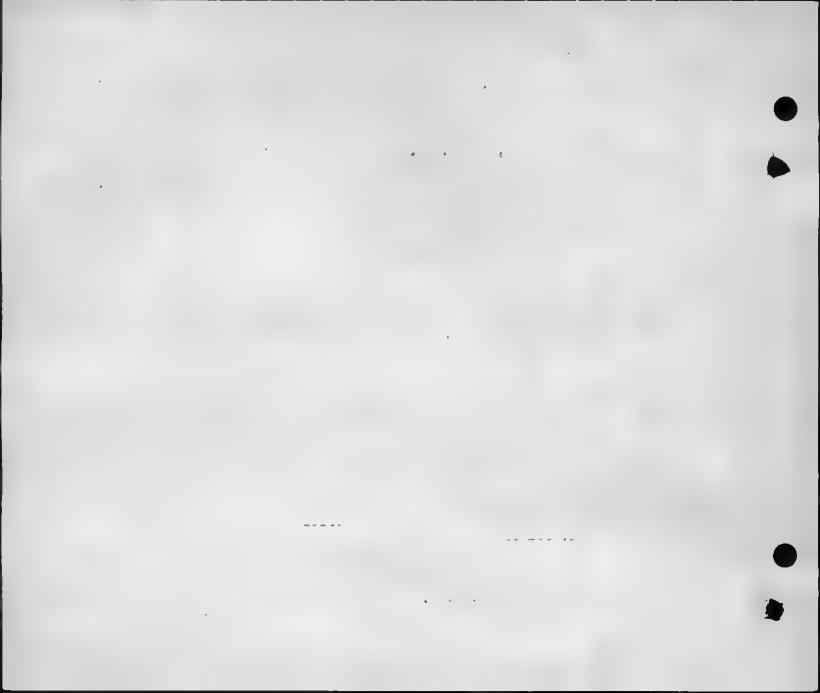
hours after

DIVISION OF STATISTICAL RESEA	ARCH AND RECORDS, 301 W. PRESTON STREET, BALTI	MORE 1, MARYLAND
12570	CERTIFICATE OF DEATH	13556

1,	1. PLACE OF DEATH	JAL RESIDENCE (Where deceased lived, If institution, Residence before edmission)
	e. COUNTY O / / ·	FATE b. COUNTY .
	Dallmore MARYLAND	/ijd.a
	b. CITY OR TOWN (I outs de corporete limits, c. LENGTH OF STAY IN 1b c. C write RURAL end give neerest town)	ITY OR TOWN (If outside corporate limits, write RURAL and give neerest town,
	_ Overlea X	Overlea
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	TREET ADDRESS
	6132 mar lenn rive.	6132 hardenn the.
3.	3. NAME OF First Middle	Last 4. DATE Month Dey Year
	DECEASED (Type or print)	OF
	Lawara Tuche	1, Dec. 24 1701
٦.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. WATE O	F BIRTH 9. AGE (In years IF JNDER I YEAR IF UNDER 24 HRS.
	male white WDOWED DIVORCED 12-2	3-1080 81 yrs. Months Days
	1De. JSUAL OCCUPATION , G've kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11 BIT	T. PLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY)
ac	done during most of working life, even if retired)	Name I and
13	13. FATHER'S NAME 14. MO	Maryland US1 _
"		
		Mary Anne Ludwick
15 (Ye	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMA (Yes, no, or unknown) (Hyesgivewerordelesofservice)	ANT Address
		rd itughes, fr. same
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: (1 there selectic Car	dis Jascula Deserve Us
	A. C.	
	UE TO	
	Conditions, if any, which (b)	
	geve rise to Immediate cause (a), stating the underlying DUE TO	
	ceuse last. (c)	
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
ATION	El anemin & Sever Prostatites	PERFORMED? YES NO KE
FIC	2De. ACCIDENT WAS UNDERLYING 1 , 2Db. DESCRIBE HOW INJURY OCCURED. (Enfor no	
CERTIF	OR CONTRIBUTING CAUSE OF DEATH	
MEDICAL	20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 2De. PLACE OF IN. Hour a.m. While Not While fectory, street,	URY (Home, farm, '2Df. (City or town) (County) (State) office bldg., atc.)
N C	Hour a.m. While Not While let work et work	
-	21. I certify that (I) (this hospital) attended the deceased from	59, 19, 10 28 Nice, 1961, that (1) (we) last
	\ . 1	1
	saw the deceased alive on 2	22b. DATE
		ENDINGMED STAFF SIGNED
	W.D. BHA	
	22c. PHYSICIAN'S NAME (Type)	ADDRESS DE PARTONIA
	JOHN C. HYTE	31/ Belan La Walls 5176
	230. BURIAL, CREMAT ON, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREM.	ATORY 23d. LOCATION (City, town or county) (State)
	ourial 1-1-62 Loudon Park (e)	netery Baltimore, Ma.
_	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25% REGISTRAR 25%, REGISTRAR'S SIGNATURE
24		
1	Leonard J. Ruck 5305 Harford Road	DATE SER 2 162 Linky S. Times



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If institution; Residence before admission) a. COUNTY e. STATE **b.** COUNTY Baltimore County. MARYLAND Baltimore County b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. write RURAL and give negrest town) TEY BS
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Teras d. STREET ADDRESS m. IS RESIDENCE ON A FARM? State B eath. Railroad Avenue. YES NO Railroad Avenue 3. NAME OF DATE DECEASED OF (Type or print) DEATH BABY BOY HUSEN December 20. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years (IF UNDER 1 YEAR) IF UNDER 24 HRS. lest birthdey) Months. Deys Hours WIDOWED [DIVORCED Male Gollored 10a, USUAL OCCUPATION (G've kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (Stella or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) none. 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES! I 16. SOCIAL SECURITY NO. (Yes, no, or unkown) ! (Ifyes give wer or detes of service) rarks, ned 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Interstitial Pneumonitis Office DUE TO Conditions, if env. which geve rise to immediate cause Ю DUE TO (a), staling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9): 19, WAS AUTOPSY 2 PERFORMED? NO 4 Medica 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY D or CONTRIBUTING DEATH. Chief 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) (Stele) Not While factory, street, office bldg., etc.) While Hour e.m. al work | et work 21. I certify that I took charge of the remains described above, held an Autopsy X. Ô Inspection Inquiry and in my opinion death resulted from: Natural causes XI. Suicide [Undetermined manner Accident [Homicide CHIEF MEDICAL EXAMINER BURNING SERVICE ASSISTANT MEDICAL EXAMINER DATE SIGNED should be fo SIGNATURE **EXAMINER'S** NAME (Type) HOWARD G. Address (Street, city, town, or county) CEMETERY OR CREMATORY 22a, BURJAL, CREMATION, 22b, DATE THEREOI REMOVAL (Specify) 0 23. FUNERAL DIRECTOR VS. AISME DATEDEC 2 6 '61 5M 9:60 Cothur & Thousa



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND DEATH

58	Ω		CERTIF	ICATE	OF
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		13580		TE OF DEATH		13558						
1.	PLACE OF DEATH o. COUNTY	Baltimore		MARY	LAND	2 USUAL RESIDENCE (WI	- 4	all all the same of	ence before		V	
¥	b. CITY OR TOWN (HE RURAL and give no		ts, write c.	LENGTH OF STAY	IN JP	c CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)						
1	Catonsvil		25	yr9mth8dy	S			.3	VAI.	. 4		
	d NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION			iress) TAL		d. STREET ADDRESS	th Montfor	rd	•	IS RESIDE ON A FA	RM?	
3.	NAME OF DECEASED (Type or print)	Herbe	1	Middle	-	Hyman	4. DATE OF DEATH	Month Descember	Doy 1	Yeo	_=	
5	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRI	ED 🔣	B. DATE OF BIRTH	9. AGE	1 10 1		F UNDER 2		
	male	white	WIDOWED	DIVORCE	▫▢▮	Oct. 21, 1		yrs. Manths	Doys	Haurs	Min	
100	during most of work	N (Give kind of work	done 10b. KIN	ID OF BUSINESS O	R INDU	STRY 11. BIRTHPLACE (Stole		12.C	TIZEN OF	WHATCOL	JNTRY?	
	unknow		' N	ONE		Mar land		U.	S. A	S. A.		
13.	FATHER'S NAME	-				14. MOTHER'S MAIDEN N	IAME					
	(Charles Hym	nan_			Mary Ap	palonie					
15. {Ye	WAS DECEASED EVER	IN U.S. ARMED FOR		CIAL SECURITY NO	37 II	FORMANT		Address				
1	inlenown	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		inkown		Records: SPR	ING GROVI	E STATE	HOSE	TAL		
	1B. CAUSE OF DEA	TH [Enter anly one co	use per line f	for (a), (b), and (c)]				INTE	RVAL BETWEET AND DE	EEN	
7	Canditions, it as gave rise to it cause (o), storing lying cause lost.	he under-	Rhei	umatic va ral valve	lvul	ecompensatory	formity o	f the		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TOR'Y.	
CERTIFICATION	PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T(a) 19 WAS AUTOPSY PERFORMED? YES 2 NO 20a ACCIDENT WAS JUDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)											
	20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S JINDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRI	BE HOW INJURY O	CCURRE	D. (Enter nature of injury in l	Part or Part of ite	em IB }				
MEDICAL	20c, TIME OF INJUR Hour o. m. p. m.	f Month, Doy, Ye	While	Not while		ACE OF INJURY (Home form clory, street, office bldg., etc		1)	(Caunty)		(State)	
	21 I certify that \$0 (this haspital) attended the deceased from. March 9 11918, to Dec. 17, 1961, that \$0 (we) last saw the deceased alive an Dec. 17 1961, and that death accurred at p. M. from the causes and an the date stated above											
	220. SIGNATURE ATTENDING MED. STAFF X 12-18-61 ATTENDING DIRECTOR PHYS. X 12-18-61											
	22c PHYSICIAN'S NAME (Type)	Stella	Vachs le	er, M. D.			ING GROV		HOSP]	TAL		
23	BURIAL, CREMAT O		OF 2	Mt. Oli		R CREMATORY	23d, LOCATION (C Frederi	ity, town, or county		(State)		
24	FUNERAL DIRECTOR	SIGNATURE		ADDRESS		2So. REC'	D BY REGISTRAR	25b. REGISTRAR'S	SIGNATUR	E		
	C. E. Sci	nimunek 3	331 B	rohms I	ano	DATE [EC 1 9 '61	2 Talkar	8 950-	o.A.		

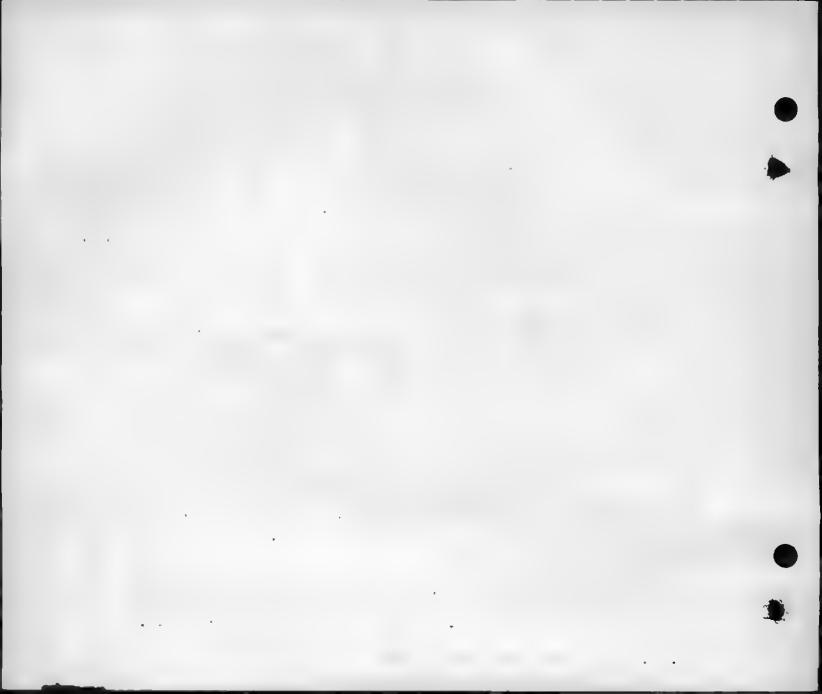
n by the funeral director, and 2 should be filed with Despitation of ENDING PHYSICIAN: The faw requires that the death certificate be executed within 2 magnetic retained. The haspital an attending physician.

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TO HOSPITAL OR

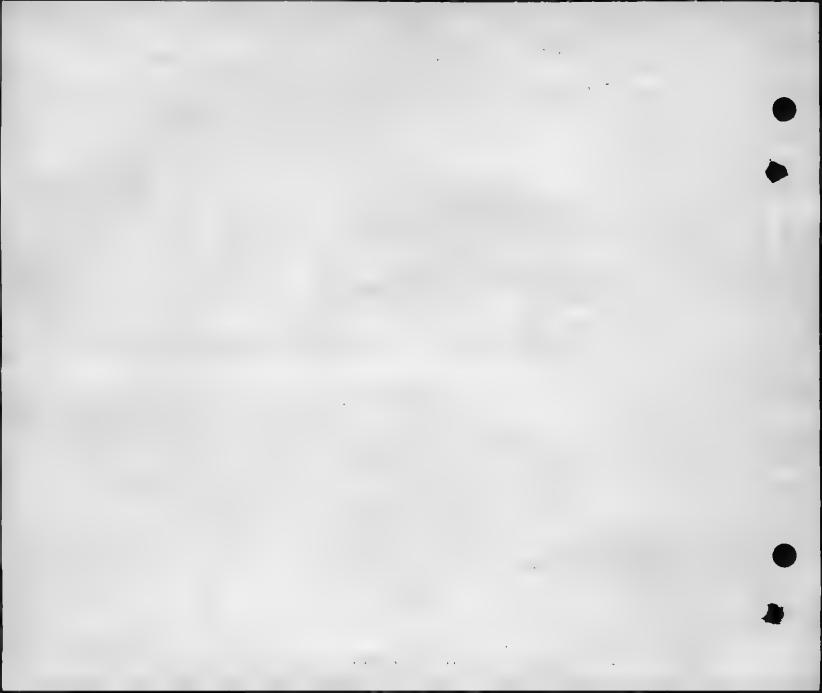
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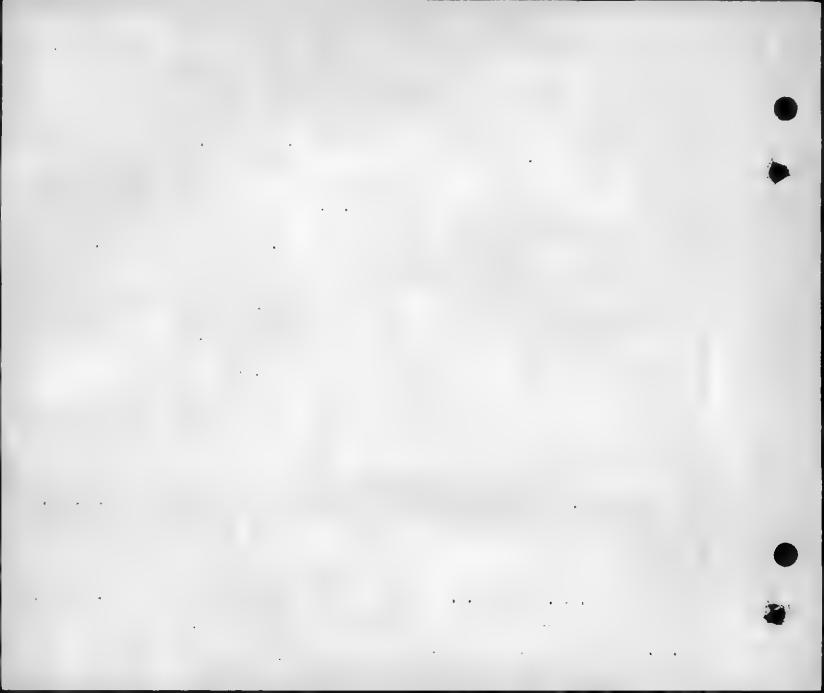


MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH AND RECORDS** ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Thom Ill Film G303 rigual againete (Where decessed lived, if institutions Residence before admission) 1. PLACE OF DEATH a. COUNTY MARYLAND c. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest town] b. CITY OR TOWN (if outside corporate I mits, C. LENGTH OF STAY IN 16 d, NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES IN NO IX 3. NAME OF Year 4. DATE DECEASED OF (Type or print) DEATH 196 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lest birthday) De. JSUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired! MIIner 13. FATHER'S NAME Thomas 15. WAS DECEASED EVER IN J.ST ARMED FORCES? 16. SOC, AL SECURITY NO 17 INFORMANT Ad dress (Yes, no, or unknwn) ; (If yes give wer or detes of service) Celley. NIU DE 18. CAUSE OF DEATH (Enter only one cause pe I INTERVAL BETWEEN IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate ceuse DUE TO (e), stating the underlying PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. NAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO 20a ACC DENT WAS UNDERLYING J OR CONTRIBUTING [] CAUSE OF DEATH | (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of in any in Pert , or Part II of itam 18.) , 20d. INJURY OCCURRED , 2De, PLACE OF INJURY (Home, ferm. , 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While __ Not While Hour a.m. et work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from. Plessed, ..., 19 J. 7 to . Dec. L.J., 1961., that (I) (we) last 22b. DATE 22a. SIGNATURE S. GINED D RECTOR PHY5. 22d. ADDRESS 22c. PHYS CIAN'S NAME (Type) 23e, BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) ë å 0 Burial rusti . r. . ar, Land 25s. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNAT ADDRESS VR A15 (4) 15M 9/60



583 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) o. COUNTY o. STATE Maryland b. COUNTY Baltimore Raltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporale limits, write RURAL and give nearest town) 2 years Baltimore Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1137 Mt. Royal Ave., Baltimore TIMES | NO Spring Grove State Hospital 3. NAME OF First Day Year DECEASED OF DEATH 1961 December 16 Jenkins (Type or print) Jane Carlisle 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours 45 yrs White Female WIDOWED [X] DIVORCED T Aug. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S Housewife Conn. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Laura Carlisle Iouis Pitkin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Unk Records-SpringGroveStateHospital Medical 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)." INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) along with for burial-transit heart failure due DUE TO Conditions, if any, which Trachaobronchial obs truction pove rise to immediate cause **DUE TO** (a), stating the underlying couse lost. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPS used os PERFORMED? Schizophsenia chronic undifferentia ted YES 📆 NO [206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury inforts control to the cating coffee and doughnuts; choked 18.) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 3 should 20c. TIME OF INJURY 20d. INJURY OCCURRED J20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month, Day, Year (County) (Stole) foctory, street, office bldg., etc.) While 67 of work to of work Catonsville.Balto.Co. Md. 19 hospita. 21. I certify that I took charge of the remains described above, held on Autopsy (F), Inspection (), Inquiry (), and find that DIRECTOR: Accident 1. death resulted from: Natural causes . Suicide . Homicide . Undetermined couse THE PERSON **ACTUAL** CHIEF MEDICAL EXAMINER [7] SIGNATUR 2 ERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER 1 1010 Leeds Ave. Dec. 17, 1961 NAME (Type) Geo.S.M.Kieffer M.D. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole) PAREMOYAL (Specify) 12-20-61 Mount Olivet Cemetery Frederick, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE L'ECHA SON & Son Frederick, Maryland 24c. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15MEISI DATE EC 2 0 '61 Wither S. France SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



PRESTON STREET, BALTIMORE 1, MARYLAND lived. It institution: Residence before edm ssion) 1. PLACE OF DEATH a. COUNTY a. STATE MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give neesest town) illed in Pages d. NAME OF HOSP TAL OR INSTITUT ON (if not in hospital, give stree, address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? anterburu Road YES NO [3. NAME OF Midd e DECEASED (Type or print) DEATH AGE (In years (IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | DATE OF BIRTH last birthday] Months Deys W.DOWED IZ DIVORCED physician 1De. USUAL OCCUPATION (Give kind of work 1Db. K ND OF BUSINESS OR NDUSTRY 11. ERTHPLACE (County & Stele, or foreign country) 112. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Daker rman 13. FATHER'S NAME Victor Jobkins please 16. SOCIAL SECURTY NO., 17. INFORMAN (Yas, no, or unknown) (If yes give wer or detas of service) ng physician. signed by th 1B. CAUSE OF DEATH [Enter only one couse per line for [e], (b), and (c). INTERVAL BETWEEN ONSET AND DEATH hepatic flexure of Colon PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) renewlized metastases, esp. DUE TO Conditions, if any, which certificate has been r use as the burial-tr (b) gave rise to immediate cause DUE TO (a), slaling the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (16) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJRY OCCURED, (Enter nature of injury in Part I or Pert I of item 18) 2De. ACCIDENT WAS UNDERLYING | OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Month, Dey, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY [Home, farm, 2Df (City or lown) 20c. TIME OF INJURY (County) fectory, street, office bldg., etc.) Not While While Hour a.m. el work et work 196/J, that (I) (we) last saw the deceased alive ont. 22e. SIGNATUR SIGNED **ATTENDING** STAFF DIRECTOR PHYS. PHYS. 22d, ADDRESS 22c. PHYSICIAN'S 1 23d. LOCATION (City, town or county 238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 256. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Orthur S. Thank 15M 9/60

YLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) a. COUNTY **b.** COUNTY a. STATE Raltimore Md. MARYLAND b. CITY OR TOWN (if outside corporate limits c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) c. LENGTH OF STAY IN-16 Catons V11 Life. Catoms villa d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Westshire Rd. YES NO Westshire 3. NAME OF DATE First Yeer DECEASED OF (Type or print) Henry Jockel DEATH Dac. 1967 IF UNDER 24 HRS. S. SEX DATE OF BIRTH 6. COLOR OR RACE AGE (In years HF JNDER I YEAR) 7. MARRIED NEVER MARRIED last buthday) Months Hours | Min. M. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stelle, or foreign country) 12. CITIZEN OF WHAT COUNTRY? гетто done during most of working life, even if retired) USA Clerk. Md. Calvert 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pleas Unknown -Jockel 15. WAS DECEASED EVER IN J.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs John Williams. 306 Westown Rd. 28.Md. 18 CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if any, which gove rise to immediate cause **DUE TO** (a), stelling the underlying cause lest. fhe OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0); 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO C 20b. DESCRIBE HOW WILLY OCCURED, (Enter neture of Injury in Per for Part II of item 18.) 20e, ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ; 20f, (City or town) (Steta) 20c. TIME OF INJURY (County) Month, Dey, Year factory, street, office bldg., etc.| While Not While Hour a.m. at work el work p.m. 21. I certify that (I) (this hospitat) attended the deceased from. pluods causes and on the date stated above. DATE 22e. SIGNATUR ATTENDING PHYS. DIRECTOR ALD: ADDRESS 22c. PHYSICIAN NAME 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 236. DATE THEREO REMOVAL (Specify) Buria . Olive Cemty. Randallstown I 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE

STREET, BALTIMORE 1, MARYLAND

filled physician and attending the the þ aftending has been ō

TO HOSPITAL ATTENDING PHYSICIF

A Page A be retained by the hospital

WENT DIRECTOR: After this certifical

Given, page 3 should be detached for use as

19. 9.

Be filed with the State Dept. of Health prior to



FOR STATE HEALTH DEPT TO SPUTY INTERIL EXAMINER: This certificate should be executed within 24 hours after death.

y delay is research processes assected the certificate should be executed within 24 hours after death.

4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files? "

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board octigealth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> VS. A15ME 5M 9,60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 58

ı	a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission)						
ı	Baltimore Maryla	e. STATE b. COUNTY						
٧	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY) write RURAL and give nearest town)	- MGI VIGIN						
J	Fort Howard 25 Minute	S Ferndale						
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address							
į		ON A FARM?						
1	Veterans Administration Hospital	3 - 5th Avenue.						
ı	3. NAME OF First Midd o	Lest 4. DATE Month Day Year						
ı	(Type or print) PAUL M.	DEATH _ 10						
J	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	JOHANCEN December 14 19 61						
1) 74-7	last birthday) Months Days Hours Min.						
J	Male White WIDOWED DIVORCED	1 October 2,1899 62 yr.						
	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IDUSTRY 11. BIRTHPLACE State of foreign country) 12. CITIZEN OF WHAT COUNTRY?						
ı	Supervisor-Ord. Dept. U.S. Navy Yard							
ı	13. FATHER'S NAME	Arlington, Maryland U. S. A.						
ı	Samuel E. Johancen	Anna Canta						
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Anna Gentner						
1	(Yes, go, or unknown) [Hyes give were red at a softervice]	Clinical Records, VAH, Baltimore 18, Maryland						
1	1 ies WW 1 207-09-1073	Fort Howard Division						
ı	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN						
ı	PART I, DEATH WAS CAUSED BY:	Intanction, Let T Ant- ONSET AND DEATH						
1								
1	DUE TO CLASS TO A TOTAL							
	Conditions, if any, which (b)	Y. HTL1:124						
1	gave rise to immediate cause (e), stating the underlying DUE TO							
ı	cause last,	, ,						
I		BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY						
1	PERFORMED?							
ı	YES S NO S							
ı	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in any in Part I or Part II of Item 18.) PRIMARY Or CONTRIBUTING							
١	O CAUSE OF DEATH.	C						
ı		le. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)						
I	Hour e.m. While Not While	ractory, street, office bldg., etc.)						
ı								
ł	21. I certify that I took charge of the remains described above	e, held an Autopsy Inspection , Inquiry , and in my opinion						
I	death resulted from: Natural causes Accident	Suicide Homicide L. Undetermined manner						
ı	I PMA & di.	CHIEF MEDICAL EXAMINER						
I	ACTUAL // // / LTUY	M.D. ASSISTANT MED CAL EXAM NER DATE SIGNED						
1	SIGNATURE	DEPUTY MEDICAL EXAMINER						
	NAME (Type) M. B. DAVIS, M.D.							
1	NAME (Type) M. B. DAVIS, M.D. 228, BURIAL, CREMATION, 226. DATE THEREOF 1226. NAME OF CEMETE	Address (Street, city, town, or county) ERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)						
	REMOVAL (Specify)	(Siate)						
		Memorial Park Glen Burnie Maryland						
ſ	23. FUNERAL DIRECTOR	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						
		Highway,						
l.	Hopping and Kirkley Funeral Home, Gl.	en Burnie, MCEC 2 0'61						



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13387	CERTIFICATE	OF DEATH		12565		
1. PLACE OF DEATH	1 4	. USUAL RESIDENCE (When	e deceasad lived, If Institution: Ras	idence before admission)		
Baltimore	MARYLAND	*. STATE Maryland	b. COUNTY			
b. CITY OR TOWN (if outside corporete itmits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of	corporate limits, write RURAL and g	,ve neerest town)		
Fort Howard	17 Days	Baltimore	16	· +		
d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, give street address)	d STREET ADDRESS		ON A FARM?		
Veterans Administration	Hospital	1822 North 8	mallwood Street	YES NO		
3. NAME OF First DECEASED	Midd e	last 4. DAT	E Month	Day Yeer		
(Type or print) LEROY		JOHNSON DEA	TH December	11 1961		
5 SEX 6, COLOR OR RACE 7. MARE	HED X NEVER MARRIED B. E	DATE OF BIRTH	9. AGE (to years IF JNDER 1 YE lest birthdey) Monthal De			
Male Negro W.DOV	VED DIYORCED S	eptember 2,1904	57 yes. Months De	ys Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working l.le, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State)	or foreign country) 12. CITIZE	N OF WHAT COUNTRY?		
and the same of th	State Building	Chesterfield Co	Virginia U.	S. A.		
13. FATHER'S NAME		4. MOTHER'S MAIDEN NAME	, <u>, ,</u>	454		
Warner Johnson		Emma Prices				
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 1			VAH, Baltimore 1	S Mamrland		
Yes WW II		t Howard Divisio		o, maryrand		
18. CAUSE OF DEATH Enter only one ceuse pe	r line for (a), (b), end (c).]	r TOWATE DIATRIC)TI	INTERVAL BETWEEN		
PRONCHOGENTO CARCTNOMA TENT TINIC LITTLE METHACINA CHO						
immediate cause (e)				OMMINITE		
X'XX RIG	HT LOBAR PNEUMON	VIA DUE TO (a)		2 Donne		
Conditions, if any, which (b) geve rise to immediate ceuse		DOD 10 (a)		J Days t		
(a), stating the underlying DUE TO						
Cause last. (c) PART II. OTHER SIGNIFICANT COND TIONS CO	ONTRIBUTING TO DEATH BUT NOT	DELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1	e) 19. WAS AUTOPSY		
E PARTIL OTTER SIGNIFICANT CONDITIONS CO	ZATABOT NO TO DEATH BUT NOT	WEEVER IO HE LEWISHINE PIOLE	or condition of the internal in	PERFORMED?		
PART II. OTHER SIGNIFICANT COND TIONS CO	TO COURT HOW IN WINN O COURT !	r., Til. 7		YES X NO		
200. ACCIDENT WAS UNDERLYING 206. D OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURED. (I	thier helpre of in ury as Year t or Pe	in II of item 18 }			
	I. INJURY OCCURRED 200. PLACE	OS INI DIEV (Mana Jam 20)	(City or town) (County	(State)		
Hour a.m. Wh	ife Not While factory	, street, office bidg., etc.)	(com	A) format		
	ork et work	, ,				
21. I certify that (this hospital) atte						
saw the deceased alive on 12/11/6	19 and that d	leath occured at A.M., fi	rom the causes and on the	e date stated above		
22a. SIGNATURE	4 - 0	ATTENDING MED.	STAFF	22b, DATE SIGNED		
fely min of the	M.D.	PHYS. DIRECTOR		12/11/6		
22c. PHYSICIAN S		22d. ADDRESS	19 MADVIAND DO	HOUADD DTG		
SEBASTIAN RUSSO, M.D.		VAH, BALTIMORE	18, MARYLAND, FT.	HOWARD DIA.		
236. BURHAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY OR		OCATION (City, fown or county)			
REMOVAL (Spacify) Burial	Baltimore Nat	ional Cem. Ba	ltimore 28, Ma	aryland		
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		GISTRAR 256. REGISTRAR'S SIG			
Flrow A Wilson 1000	Prontless Asse Bo	Ito 17 Mi DEC	13'61 archur.	8. Kraug		

TO HOSPITAL.

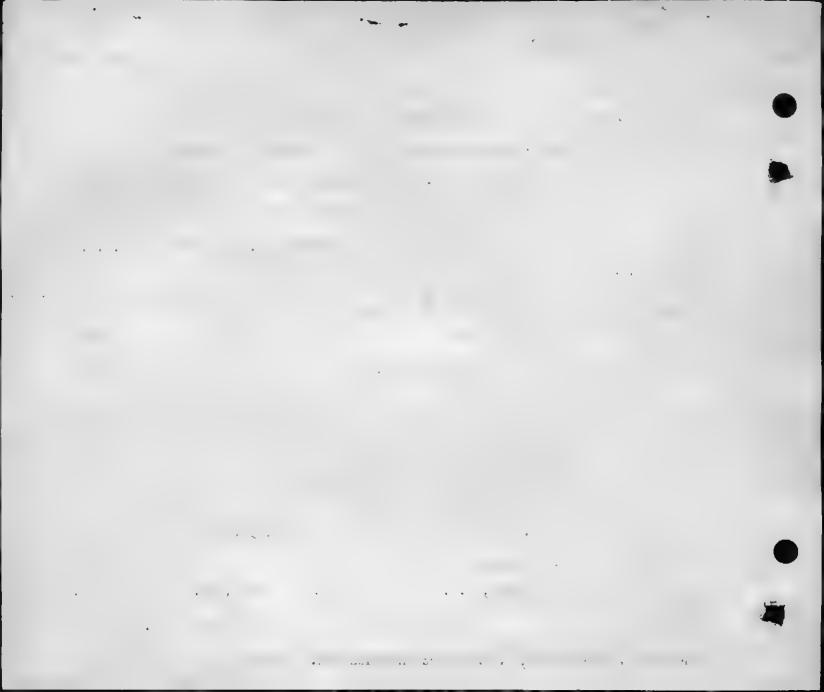
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within pours after page 4 be retained by the hospital or attending physician.

TO CANERAL DIRECTOR: After this certificate has been signed by the attending physician and correctly filled in by the funer director, page 3 should be detached for use as the burial-transit permit. Then please canon papers. Pages I and 2 should be filed be petic. of health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 131 VR A15 (4) 15M 9/60

ÓK



Baltimore, Maryland



d within 24 hours after death.

INSTRUCTIONS

within 72 hours after death. After this tuneral director, the third copy of this At INDING PH SICIAN OR HOSPITAL: The law requires that the death certificate be execute bottom copy may be retained by the hospital or attending physician. the registrar in by the TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a buriel transit permit.

100

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13589 CERTIFICATE OF DEATH 13567

Reg. Dist. No.....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	D
COUNTY BG / / MERE MARYLAND	STATE S.C. COUNTY CA.	23 KR
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (if outside corporete limits, write RURAL and give nee	prest town)
OR end give nearest lown) TOWN (in this plece)	OR TOWN .	77X-3
HOSPITAL OR	STREET (If rure) give location)	
INSTITUTION OR STREET ADDRESS 105 FOLK BONKE OF	ADDRESS ROHTE 4 BOX	\$
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month)	(Dey) (Year)
(Type or Print) JOE (INSEPH JO	NCS DEATH DOCEMAN	CO 23 10 GJ
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	F BIRTH 9. AGE lest birthday I F UNDER	
WIDOWED, DIVORCED, (Specify)	RUM4 1876 85 VIII	Days Hours Min.
100. USUAL OCCUPATION [Give kind of work 10b. KIND OF BUSINESS		2, CHIZEN OF WHAT
done during most of working life, even II OR INDUSTRY	WINIShop CO-	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAID IN NAME	1410.
TOO JONES	MARSADET JACKSON	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. NEGRMANT & ADDRESS	
(Yes, no orunt.) (If Yes, give wer or dates of service)		5 Fainbanks
18. MEDICAL CER		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
AMMEDIATE CAUSE (A) ARCHIG		daays
ANTECEDENT CAUSE(S) DUE TO A O TO A LO CO	LEROSIS	117400
GIVING RISE TO THE AROVE CALISE	CHAROSIA	10/10
STATING UNDERLYING CAUSE LAST, DUE TO CLAREDTA TA	14017	Mas
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	PIRCE	- Alaton
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	,	20. AUTOPSY?
24. ACCIDENT MAS HANDEDLYING CO. 24b. DIACE Many Law Later 1.	tic. WHERE DID INJURY OCCUR? (City or town) (Cour	YES NO State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	Clc. WHERE DID INJURY OCCUR? (City or town) (Cour	uth) (prints)
	211. HOW DID INJURY OCCUR?	
M. et work et work		**
22. I hereby certify that I attended the deceased from SHINGS	0. 193 9, to 11 6.23, 19.6, that I	last saw the deceased
	M, from the causes and on the date state	ad above
SIGNATURA)	ADDRESS (Street, city, town, slate)	DATE SIGNED
SVILLEM CY COLI M.D. IN	to WATTAVE DUNGS/102	mal 12/23/CI
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county	(Sfole)
Removal 32/28/61t ler.	227 1 2 2 27 3 20 2 2 2 2 3 3	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DEG 2 8 '61 C Strap 9 45		4

ころこだの 5,0. BUITHERE JUANJAIT BANTE RONTE 4 BOKS JeE Jenes Levenber 23, 64 Mae Col. Widowsh Marchylete 35 4 17 7 1 Farmen Farm Wilisher, S.C. 4.5.
Jee Jenes Marraper Jacksen PESC BIERHIN 105 Fainbunks Zouns AREMIA ARTEAIC S'EKACSIS 10.485 Cerebral IN/. RIT 2/40

> 150233, 21. Milliam C. Halle,

THE CATTAGE, SUN de MERMAN PAISS :1

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13590 FOR STATE Reg. Did. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY BALTIMORE o. STATE MARYTAND b. COUNTY BALTIMORE MARYLAND b. CITY OR TOWN I'll outside corporate bonts, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ROSEDALE ROSEDALE (RURAL)BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RES DENCE ON A FARM? 1436 RUSTIC YES I NO. NAME OF Middle 4. DATE Month Yaoi DECEASED (Type or print) Mi ldred Jones DEATH 10 61 Dec 5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 6. DATE OF BIRTH 9. AGE Ifn years IF UNDER TYEAR IF UNDER 24 HRS female last birthday) negro 12 Sept Months Days Hours Min. WIDOWED | DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CIT ZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife- Clamerly 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1, DEATH WAS CAUSED BY: undet Hypertensive Cardio Vascular Disease IMMEDIATE CAUSE (o) DUE TO Athersclerosis and hypertension Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLDS, WAS AUTOPSY PERFORMED? NO T 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enler noture of migry in Part I or Part II of ilam 18) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) While Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection K. Inquiry X. opinion death resulted from: Natural causes . Accident . Suicide . Homicide | Undetermined manner **DATE SIGNED** ACTUAL M.D. CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** John G Hyle NAME (Type) DEPUTY MEDICAL EXAMINER IPT 220. BURIAL CREMATION, 226. DATE THEREOF 22d LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Baltimore national Burul **EUNERAL DIRECTOR'S SIGNATURE** 240 REC'D BY REGISTRART 246 REGISTRAR SIGNATURE 1000 DATE

DIRECTOR:

A15ME

5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

o STATE blower and b COUNTY

bary land

	F
M)	-
14	
	14.7

PLACE OF DEATH

Ral timore

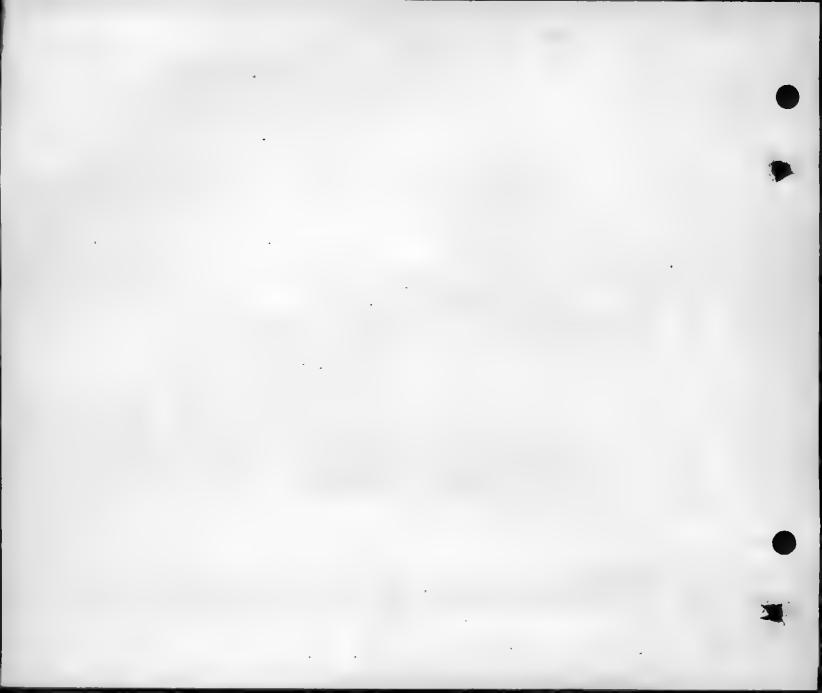
In by the funeral director, and 2 should be filed with

TO HOSPITAL OR AT VOING PHYSICIAN: The law requires that the death certificate be executed within 32 more retained by hospital ar attending physician.

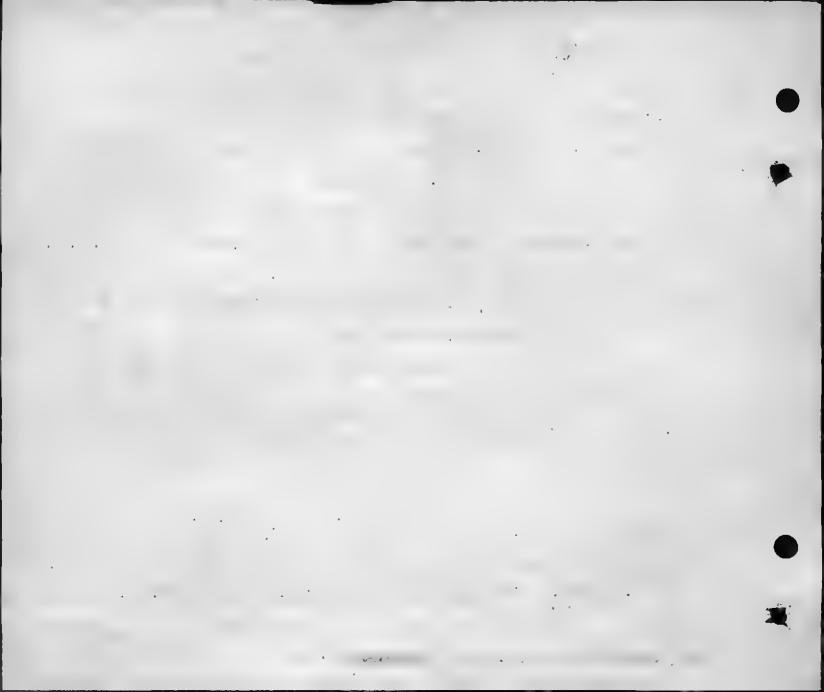
TO Fix RAL DIRECTOR. After this certificate has been signed by the attending physician and completely fuzza page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 the State Board of Health prior to burial, cremation or remayal, and in any event, within 72 hours, affer death.

VR A15 (4) 1SM 9/59

				174741 1 117		2-0,2,7-2	- Compare Com			
b. (CITY OR TOWN (II	f outside corporate limi	ts, write	c. LENGTH OF STAY IN	V 16	c CITY OR TOWN (If o	utside corporate lir	nits, write RURAL on	d give ne	earest town)
	atonsvi.]			lmth21dvs	i i	Balt.more		3 :	111	+
	NAME OF HOSPIT	AL (14 not in hospital, a	ive street			d. STREET ADDRESS		- /		e. IS RESIDENCE
Si	BRING GF	ROVE STATE	HOS	SPITAL		3025 Wind	sor Aven	ue		YES NO
3. NA	ME OF CEASED	Fir	st	Middle		Last	4. DATE OF	Month	D	lay Year
	pe or print)	Wil	liam	H.		Jones		December	12	2 19 63
S. SEX		6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8. D	ATE OF BIRTH		E (In years IF UND	1 .	R IF UNDER 24 HI
ma	ale	white	WIDOW	ED DIVORCED	I	Feb. 13, 18			Days	Hours Min
10a U	SUAL OCCUPAT C	N (G ve kind of work	done 10b	KIND OF BUSINESS OR	INDUSTRY	11. SIRTHPLACE (Stote	or foreign country)	12.C	ITIZEN O	F WHAT COUNTR
	contrac		1			Marylan		1	U.S	. A.
13. FAT	THER'S NAME				1	4. MOTHER'S MAIDEN N	AME	Anı		
Ŋ	Thomas Jo	nes				Kongenx	XXXXIOUE:	a Money	KACK (SC	Taylor
		R IN U. S. ARMED FOR	CES? 14.	18-03-8635	17, INFO	RMANT		Address		
	N. or unknown]	(If yes, give wor or dates of a		unknown	Recor	rds: SPRING	GROVE	STA 'E HO	0S PI1	TAL
18	. CAUSE OF DEA	TH Enter only one co	use per li	ne for (a), (b), and (c)]					INT	TERVAL BETWEEN
		TH WAS CAUSED BY.		oronary thro	mhae.	i =			ON	ISET AND DEATH
	una	IMMEDIATE CAUSE (o		oronary one	THIVUD.	19				
	Conditions, if α	nu och skal	Α.	mtomiocolom	a dia	ann an al á aná				
	gove rise to j	mmediate	,	rteriosclero)SIS,	Rener arraec		<u> </u>		
	ouse (a), stating ying couse lost.	the under-								
		J (c	DITIONS (CONTRIBUTING TO DEAT	TH BITT NO	T DELATED TO THE TERM	NA: DISEASE CON	DITION CIVEN IN B	APT VOL	10 WAS AUTOP
CERTIFICATION	TAST II OIF	IER 3 GNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	IH 801 NO	T REDATED TO THE TERMI	NAE DISEASE CON	DITION GIVEN IN F	wki i(o)	PERFORMED?
	ACCIDENT WAR CONTRIBUTING FEITHER, NOTIFY	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRISE HOW INJURY OC	CURRED (E	inter nature of injury in f	fort 1 or Port 11 of	item 18 }		
₹ 200	TIME OF INJUR	Y Month, Doy, Ye	or 20d I	NiURY OCCURRED 2	Oe PLACE	OF INJURY (Home, form	20f. (City or tov	vn}	[County]	(\$to
WED	Haur a m p. m.	19	While of wor	Not while	foctory	, street, office bldg., etc.	1			
		a Mr Ishin harmisal			Oc	rt 20 10	63 to De	ac. 72 30	614	hat (I) (
	the decree	i gy (iii) an D	orienc ദെ. ീ	ded the deceased f L2_1961 , and t	ili are alta ar	9:00	A4 from the s	2936 366 , 17	ااماري د د د ا	nai (i) (we) io
22	ow the deceas				nar aea	in accorded at	M, from the c	auses and an T	ne date	e stated abov 22b. DATE
	Grand at at it is			MD		D. STA	YS 🗆	12-12	< SIGN	
22	Rc. PHYSICIAN'S NAME (Type)	Stella Wa						OVE STA I		OS TTAL
72- 12	ID A CDEALTE				ERV OR C			e_28Nam		
RI	JR A., CREMATIO EMOVAL (Specify)			23c NAME OF CEMET				City, town, or county		(State)
	Burial			Woodlawr	ı Cen			nore, Ma		
	NERAL DIRECTOR			linge PRESS	Yarla 4		8Y REGISTRAR	25b REGISTRAR'S	SIGNATU	JKE
F.L.	lsworth	Armacost	-400	JU Liberty i	agnts	. Ave DATE HIL	ad ni		-	



MARYLAND STATE DEPARTMENT OF HEALTH



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18						
	13593	CERTIFICA	ATE OF DEATH	Reg. Dist.	1,3571		
	1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (Who o. STATE Maryland	ere deceased lived. If institution, Residence b. COUNTY Baltimo			
)	b. CITY OR TOWN (It autside corporate limits, write RURAL and give nearest town) Dundalk	6 years	c. CITY OR TOWN (If or Dundalk	utside corporate limits, write RURAL and giv	e nearest town)		
	d NAME OF HOSPITAL (If not in hospital, give street of institution 1808 Homberg Avenue	oddress)	d street address 1808 Homb	erg Avenue	e. IS RESIDENCE ON A FARM? YES NO 3		
	3. NAME OF First DECEASED (Type or print)	Middle	KELLEY	4. DATE Month OF DEATH Demember	Doy Yeor 12 1961		
	5. SEX 6. COLOR OR RACE 7. MARR Female White widows	HED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH February 11	4 3 3 4 5 5	YEAR IF UNDER 24 HRS oys Hours Min.		
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) HOUSEW 1 10 13. FATHER'S NAME	KIND OF BUSINESS OR INDU DWN Hame	STRY 11. BIRTHPLACE (SIGNE) Maryland 14. MOTHER'S MAIDEN N	U.	S.A.		
	Conrad Kraus		Barbara Kupfrian				
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes no or unknown) (Iff yes, give wor or dates of service)		nformant 'S. Helen Ca	Mpbell 1808 Homb	erg Ave.		
	18. CAUSE OF DEATH [Enter only one cause per lir PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	he for (0), (b), and (c)]	a -		INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if ony, which) (b) Chronic Myocarditis with Failing 5-							
	gove rise to immediate couse (a), stating the under-tying cause last.		J				
	PART II OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	HAL DISEASE CONDITION GIVEN IN PART I	(a) 19. WAS AUTOPSY		

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20f (City or town) Day, Year

20e. PLACE OF INJURY (Home, form, fectory, street, office bldg., etc.) (County) (Stote) Hour o. m. While Not while of work p. m. that I last saw the deceased 21. I certify that Lattended the deceased from

and that death occurred at 10/15 Affrom the causes and an the date stated above. ACTUAL

PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City Town, or county)

YES | NO |

(Stote)

240 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE

220 BURIAL, CREMATION,

Burry (Specify)

ADDRESS

Sacred Heart of Jesus

JOHN J. DUDA 7922 Wise Ave. 22, Md.

2-15-1961

VS A15 (4) 15M 10/57

10 FE

O HOSPITAL

TAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 2% yours after death. Page 4 retained by the hospital or attending physician.

RAL DIRECTOR: After this certificate has been signed by the ottending physician and normal and in by the funeral director.

In by the funeral director.

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH o. STATE b. COUNTY MARYLAND uncel b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWNAIT autside corporate limits, write RURAL and give nearest lown) RURAL and give negrest town) ow d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Lrock YES 🔲 NO 🔽 ensac NAME OF 4. DATE Middle Lost /eor DECEASED earn DEATH (Type or print) 6 COLOR OR RACE 7 MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED tost birthdoy) Months Davs Hours DIVORCED [WIDOWED TO 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during must of working life, even if retired) Lameline 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT INTERVAY BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Min W4l DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. Z O PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port 1 or Port II of item 18.) MEDICAL 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) o. m. While Not while of work at work [p.m. 21. I certify that (1) (this haspital) attended the deceased fram that (I) (we) last saw the deceased alive an and that death accurred at-M, from the causes and an the date stated above. 226 SIGNATURE 22b. DATE SIGNED ATTENDING PHYS MED DIRECTOR STAFE M D 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 236 DATE THEREOF 23a BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown, or count (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR'S SIGNATURE ADDRES! 256, REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR A & The wa DATE DEC 2 9 '61

death

72 hours after

2

or removal,

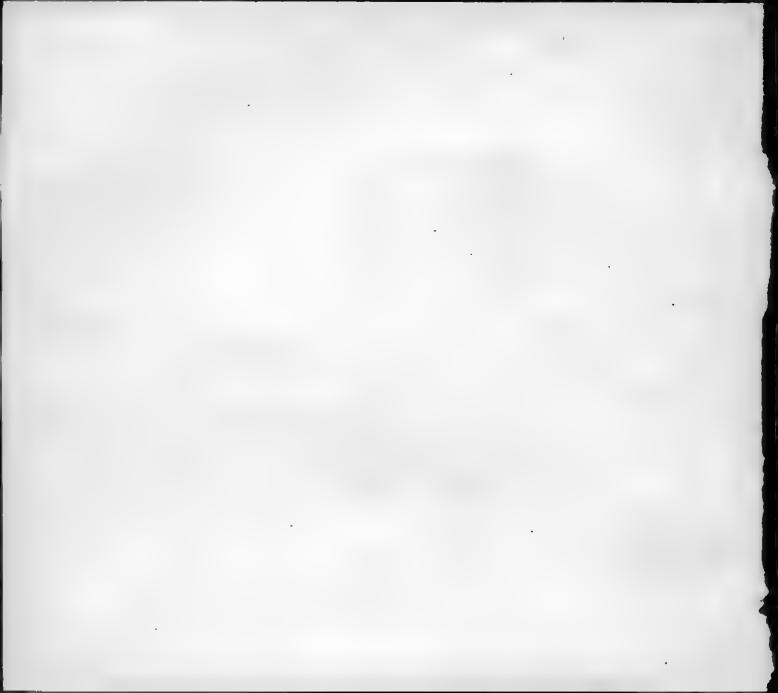
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Board of Health

State

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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

			F STATISTICAL RESEARCH AND RECORD
2	5	95	CERTIFICATE OF
ئى	r.	JJ	CERTIFICATE OF

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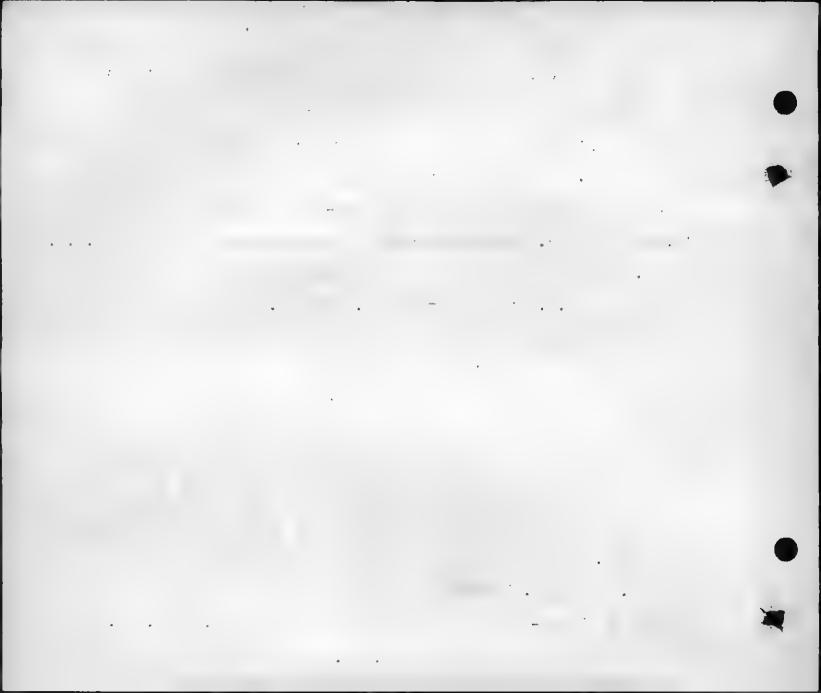
13595	CERT	IFICATE O	F DEATH		1	3573	
PLACE OF DEATH Baltimon	re ma	RYLAND 2 USU.		re deceased lived If i		ce before admiss	ion)
b. CITY OR TOWN (If autside carporate RURAL and give nearest town) Towson	limits, write c. LENGTH OF ST		TY OR TOWN (If our	tside corporate limits,	write RURAL and s	give nearest town	3)
d NAME OF HOSPITAL (If not in hospital or institution 409 Carolina		d. S	TREET ADDRESS Caroli	i na_Road			FARM?
3. NAME OF DECEASED (Type or print) Dr F	First Middle Ralph Emers	**	sler	4. DATE OF DEATH	Month 12	-	Year 19 61
D1 6 1	ACE 7. MARRIED X NEVER MAI	RRIED 8. DATE		9. AGE (In last birt	yeors IF UNDER	1 YEAR IF UNDI	
ioo. USUAL OCCUPATION (Give kind of viduring most of working life, even if re Director of Spec. 13. FATHER'S NAME	tired)	chools]	BIRTHPLACE (SIOTE OF PENNSY LY EDITHER'S MAIDEN NA	ania	12 CITI	U.S.	
John E. Kessler Is. WAS DECEASED EVER IN U. S. ARMED I've no or unknown] [If yes, give wor or dot		NO. 17 INFORMAT			Address		
TIB. CAUSE OF DEATH [Enter anly or PART I. DEATH WAS CAUSED IMMEDIATE CAU	ne couse per line for (o), (b), and BY: SE (a) MYOCARDIA	(c)]	Reman	vesster	A	INTERVAL BE ONSET AND	ETWEEN DEATH
Conditions, if ony, which gave rise to immediate cause (a), stating the under	(b) CORONAPLY		Duense			1 HO	VCC
PART II. OTHER SIGNIFICANT 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTION C	(c) ORONARY CONDITIONS CONTRIBUTING TO			IAL DISEASE CONDITI	ON GIVEN IN PAR	PERFO	AUTOPSY PRMED?
	ATH (IER)						
20c TIME OF INJURY Manth, Doy, Hour o. m. p. m.	Year 20d INJURY OCCURRED While Nat while of work at work	20e. PLACE OF I	NJURY (Home, farm, et, office bldg., etc.)	20f. (City or town)	(Caunty)	etot2)
21 I certify that (I) (this hospital) attended the deceased from 2-/25 . 1954. to 12/8 1961, that (I) (we) last saw the deceased alive on 12/7 1961, and that death occurred ab 32 M From the causes and on the date stated above.							
220 SIGNATURE DOVALO Z	Somville	M D PH	TENDING MEE	STAFF ECTOR PHYS		12/	SIGNES
Dr. Donald	L. Somerville		25 W.R	, live. g	lowsans	g ma	
Or emercron	-1961 Green	Mount			City, Mo		te)
Procks Funeral	ADDRESS	on 4. Ma	2	EC 1 1 '61	6 REGISTRAR'S SI	S. Thank	

TO HOSPITAL OR NDING PHYSICIAN: The low requires that the death certificate be executed within 2 mere retained the hospital or altereding physician.

TO I TERAL DIRECTOR: After this certificate has been signed by the attending physician and completely included by should be actoched for use as the buriol-transit permit. Then please remove all mon papers. Pages the State Board of Health prior to buriol, cremotian, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

t in by the funeral director, and 2 should be filed with

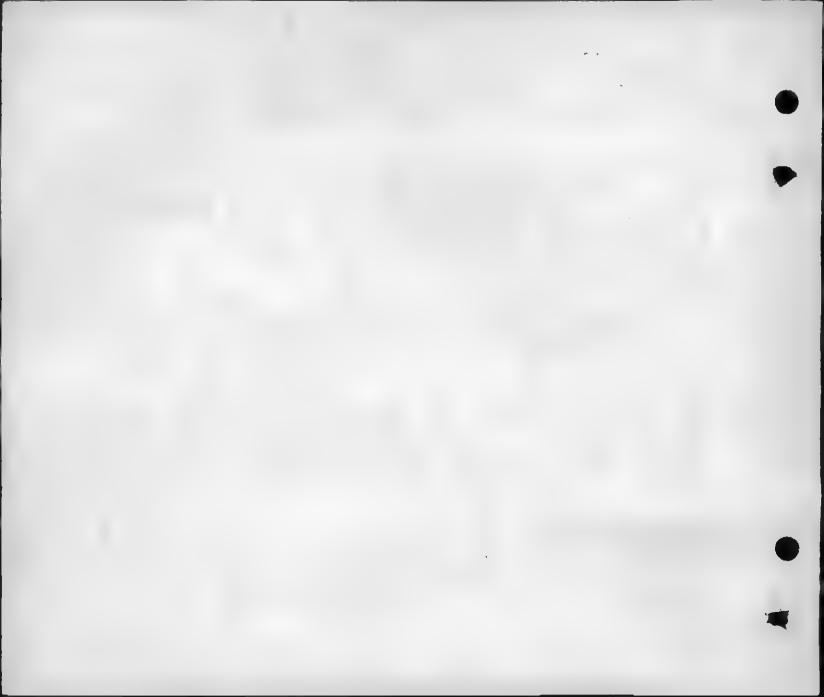
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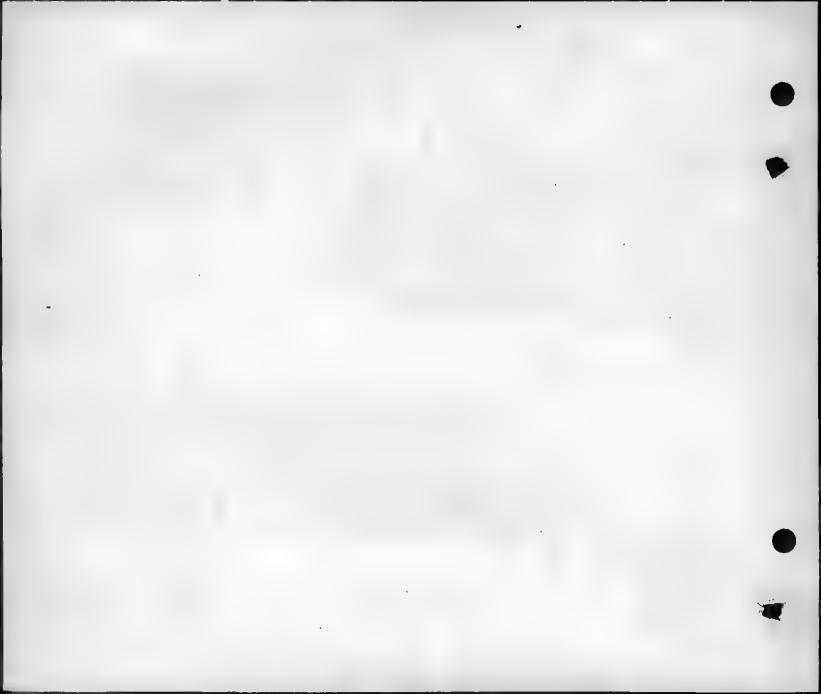


MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission) a. COUNTY MARYLAND b. CITY OR TOWN If outside corporate limits. C. LENGTH OF STAY IN 16 CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest lown) write RUBAL and give nearest town] a. IS RESIDENCE ON A FARM? YES NO NAME OF DECEASED (Typa or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years NEVER MARRIED last birthday) Months WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? dona during seast of working life, aven if retirad) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ARMED FORCES? 18. CAUSE OF DEATH [Enter only one cause pe IMMEDIATE CAUSE (a) DUE TO Mediastimal Concer gave rise to immediata causa DUE TO (a), stating the underlying PART .I. OTHER SIGN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(8), 19. WAS AUTOPSY PERFORMED? NO V 20a, ACCIDENT WAS UNDERLYING FT (20b. DESCRIBE HOW INJURY OCCURED (Enter natura of injury in Part I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (Stata) factory, streat, office bldg., atc.) While Not While at work saw the deceased alive on 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR 22d. ADDRESS 22c, PHYSICIAN'S NAME (Type) 4605 EDMENDSON 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY O. 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **VR A15 (4)** arthur S. Kraus 15M 9/60 DATE JAN 2



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1359 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Ran. Dist. No. HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e COUNTY **L. COUNTY** Health, MARYLAND b CITY OR TOWN (It as look corresponds breath, and to 8 MAI CHENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Himorg. mone ×~0 d NAME OF HOSPITAL OR INSTITUTION, (If not in hospital, give street oddress) A STREET ADDRESS # 15 RESIDENCE ON A FARM? YES NO NO 3. NAME OF Middle DATE Loui Month Year DECEASED OF OUIS (Type or print) 2 DEATH 19 6/ 5. SEX 9 AGE (In years 6 COLOR OF BACE 7- MARRIED TO NEVER MARRIED TE B. DATE OF RIRTH IFUNDER TYPAR IF UNDER 24 HRS fast birthday) Months Dovs Hours Min WIDOWED IT DIVORCED F 10o. USUAL OCCUPATION (Give hind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) anh 13 FATHER'S NAME ARMED FORCES? 15 WAS DECEASED EVER 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c). MATERVAL BETWEEN PART I. DEATH WAS CAUSED BY-MMEDIATE CAUSE (p) E C Canditions, if any, which gave rise to immediate couse DUE TO (a), stating the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 12, WAS AUTOPS PERFORMED? NO I 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 26d INJURY OCCURRED 20e. FLACE OF INJURY (Home, form, 20f, (Crty or lown) (Caunty) (State) factory, street, office bldg., etc.) Hour White Nat while al wark of work p. m. 2). I certify that I took charge of the remains described above, held an Autopsy ... Inspection ... ond in my opinion death resulted from: Natural causes [7], Accident . Suicide . Homicide 1 Undetermined monner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER ... NAME (Type) 220. BURIAL, CREMATION, 226 DATE THEREOF 22d LOCATION (City, lawn, or county) (Stote) REMOVAL (Specify) Baltimore Md 0 12-30-1961 Parkwood Burial 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. A15ME DATE





MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13599

CERTIFICATE OF DEATH

13577

1	1. PLACE OF DEATH			11	ENCE (Where decreesed fived, if ins	
ŀ	_	al timore	MARYLAND	a. STATE	ь. county rvland	B. Him
۱	b. CITY OR TOWN [foutside corporete l'mits, give nearest town)	c. LENGTH OF STAY IN 16		/N (If outside corporete limits, write R	URAL and give nearest town)
	Fort HOW	and AL OR INSTITUTION (if not in h	23 days	Baltimo	re 7	e IS RESIDENCE
1		Administration		3706 Ce	dar Drive	YES NO X
1	3. NAME OF DECEASED	First	M ddle	ast	4. DATE Month	Day Yeer
	(Type or print)	PETER	E.	KNIGHT	December December	29 1961
	5 SEX	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In yeers 1F	UNDER 1 YEAR IF JINDER 24 HRS.
	Male	White WIDOW	TED DIVORCED XX	5/21/19	142 уга.	Aonths Deys Hours Min,
	10s. USUAL OCCUPATE done during most of wo	ON (Give kind of work 10b. rking life, even if retired)	KIND OF BUSINESS OR INDUSTR		County & State, or fareign country)	12. CITIZEN OF WHAT COUNTRY
	Truck Dri	ver I	rucking	Courtland		U.S.A.
	Yes, no, or unkown) (FR IN U.S ARMED FORCES? 16 yes give wer or detes of service)	26-16-8111 Ba	Q_L	Bryant inical Records , Maryland - FORM	-
	PART I. DEATI		NCHOGENIC CARCI	MOMA WITH	NETASTASIS	ONSET AND DEATH 3 MONTHS
		Thinks.				
	Conditions, if any	, which (b) PNE	UMONIA			2 Days
1	gave rise to immedi (e), steting the u	- DITE 20				
1	cause fast.	(e)				
.	PART I. OTHER	SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TE	RMINAL DISEASE CONDITION GIVEN	
	ĂŢ,			*		PERFORMED?
	OR CONTRIBUTING	AS UNDERLYING 206. DI	SCRIBE HOW INJURY OCCURED), (Enter neture of in un	y in Pert I or Pert II of item 18.)	1_ #
	20c. TIME OF INJU		. INJURY OCCURRED 2De PLA			(County) (State)
	20c. TIME OF INJU	Wh 19 et w	ile Not While tac	tory, street, office bldg.,	, etc.)	
-				Dec. 6	., 1961, to Dec. 29	19.61 that XI) (we) las
		ed alive on Dec. 29			6,000, from the causes ar	
	22e. SIGNATURE	Divi)		22b. DATE
		town of	1000m / "	D PHYS	MED. STAFF D.RECTOR PHYS.	12/30/61 SIGNED
	22c. PHYSICIAN'S	1000	To the	228. ADDRESS		
١	NAME (Type)	PAUL BORMEL,	M.D.	WAH Balt	o 18, Md - Ft Has	ard Division
		ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	or county) (State)
	REMOVAL (Specify)	1/2/62	Lake View Her	norial	Liberty Road,	Carroll Co., Md.
	24 FUNERAL DIRECTOR	'S SIGNATURE	LOOK Libert	Hts.Aves.	REC'D BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
	Ellsworth A	rmacost Funeral	Home Balto, Ro	DATE	JAN 3 '62 CATA	wit S. Tirana

D. HOSPITAL CALTENDING PHYSICIAN: The law equires that the death certificate be caused within 2 ours after death. Page 4 be retained by the hospital or altending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral caretor, page 3 should be detached for use as the burial-transit permit. These please remove pashon papers. Pages 1 and 2 should be filed with the State Bept, of Beath prior to burial, cremation, or removal, and in any moon, within 72 haus also cash.

VR A15 (4) 15M 9/60



FOR STATE peace execute the certificate, writing the word "pending" in pendin in Item 18. Give Pages 1, 2, and 3 to the raceral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Board of Hestifit, or its designated agent, prior to burial, cremation, or remove, and in any event within 72 hour after death. VS. AISME

5M 9/60

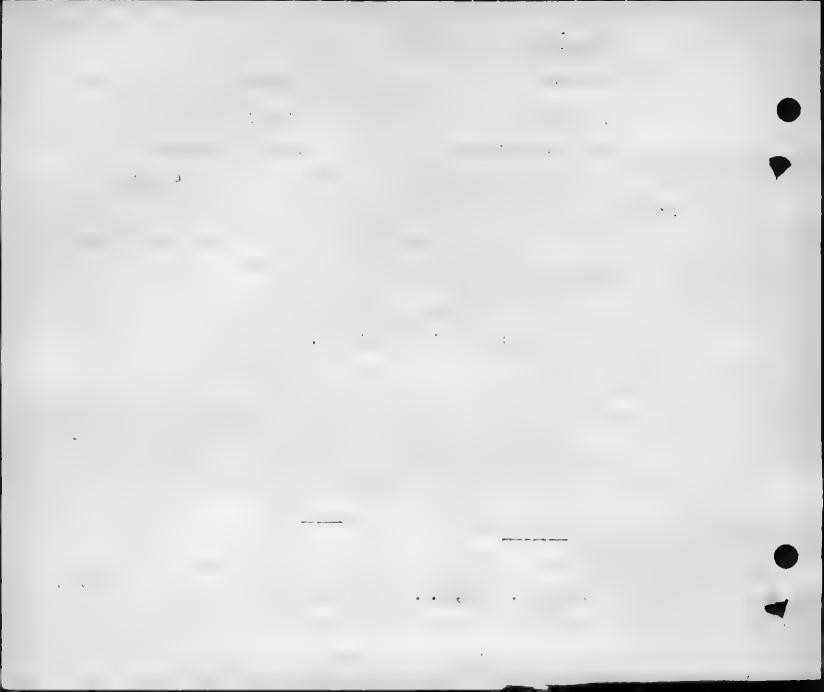
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	13600 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	13578
	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution	on: Residence before edmission]
	Baltimord County, MARYLAND	•. STATE b. COUNTY Maryland B.	-744
	b. CITY OR TOWN (Touts de cerporete limits c. LENGTH OF STAY IN 1b write RURAL end give négrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	altimore Co. —
	d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street eddress)	Texas.	e. IS RESIDENCE
			ON A FARM?
3.	Church Lane Middle Middle	Church Lane Lest 4. DATE Month OF	Day Year NO
	(Type or print) CHARLES WINFIELD	KONE DEATH December	r 27. 19 67
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BRTH 9. AGE (In years, FUND	ER 1 YEAR FUNDER 24 HRS.
	Male White WIDOWED DIVORCED M	1AR. 15, 1959 2 yrs. Morth	Deys Hours Min.
	USUAL OCCUPATION (G ve kind of work 106, KIND OF BUSINESS OR INDUSTR	Y 11. B RTHPLACE (State or foreign country, 12.	CITIZEN OF WHAT COUNTRY?
	BABY FATHER'S NAME AT HOME	MARYL AND 14. MOTHER'S MAIDEN NAME	115A -
10.		er3 4 4	
	GREGE KONE	BEATRICE URBIN	
{Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IIIs, no, or unknown) (If yes give werendetes of service)	_	
		MILY RECORDS	
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	,	ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Pulmonary Congestion	n & Edema	
	402,2 DUE TO		
	Conditions, if eny, which \ (b) Myocardial Hypertro	phy with Myocardial Failure	
	geve rise to immediate cause		
	(c), stelling the underlying cause lest.		
z	PART II. OTHER S.GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(a), 19. WAS ALTOPSY
NOL			PERFORMED?
E	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (E	nter nature of injury in Part f or Part II of Itam 18.)	YES X NO
CERTIFI	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		
CAL		CE OF INJURY (Home, ferm, 20f. (City or town) (County) [Slate]
MEDIC	Hour a.m. WhileNot While fector	ory, street, office bldg., etc.)	Contribit (State)
¥.	p.m. to st work et work		
	21. I certify that I took charge of the remains described above, he	ld an Autopsy X. Inspection . Inquiry	and in my opinion
	death resulted from: Natural causes x, Accident , Suici	de, Homicide, Undetermined manner	
	1/	CHIEF MEDICAL EXAMINER	
	SIGNATURE //WTT	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
		DEPUTY MEDICAL EXAMINER	
220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	Address (Street, city, town, or county) CREMATORY 22d. LOCATION (City, town, or county)	12/21/61 (Stele)
	2.1 m		MD.
23	FUNERAL DIRECTOR ADDRESS	ZAO. REC'D BY REGISTRAR 24b. REGISTRAR	'S SIGNATURE
	John Burns Am Towen Wes	PAREC 2 9 '61	₹



Division of STATISTICAL RESEARCH AND RECORDS, R STATE 12/18/61 in the USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) Item 7 Film G 1. PLACE OF DEATH director. Provour files. e. COUNTY a. STATE **b.** COUNTY Maryland Baltimere Baltimere F 4 7 7 7 7 7 b. CITY OR TOWN (if outside corporete (imits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate I m ts, write RURAL and give nearest town) write RURAL and give nearest town! Pikesville STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? YES NO e retained the State 3808 3808 Byfield Avenue Byfield NAME OF Middle Year DECEASED to the (Type or print) MARY KRAMER DEATH 61 HELEN Desember 19 6. COLOR OR RACE 7. MARRIED TENEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. may 2 will last birthday) Months | Days Female. White WIDOWED [DIVORCED [28 yrs. عـ و- دا. 10a. USUAL OCCUPATION (Give kind of work 1 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Baltimore, Home Maryland Housewife pages P.W3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give Eva Katzoff Harry Caplan File 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unkown) (Ifyesg.vewarerdetesofservice) permit. 3808 Byfield Road Gilbert Kramer with 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ar's Office along v s a burial-transit p removal, end in e ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congenital Heart Disease. IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (6) gave rise to immediate ceuse pending **DUE TO** (e), stating the underlying Examiner 215 cause last. used ion, o PART II, OTHER SIGNIF CANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY FICATION PERFORMED? ical Exilor Id be a p.o. NO -20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of Item 18) 20a EXTERNAL CAUSE WAS out o CERT. PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 300 age lo bu 20c. TIME OF INJURY Month Day Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State) Š factory, street, office bldg., etc.) ' While Not Whie Hour a.m. ite the certificate, v forwarded to the IL DIRECTOR: P hated agent, prior at work at work 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry and in my opinion Natural causes X Accident Surcide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER 🕎 be for SIGNATURE should be f DEPUTY MEDICAL EXAMINER 12/10/61 **EXAMINER'S** Charles S. Petty, M.D. NAME (Type) Address (Street, city town, or county) 220, BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or country) (State) REMOVAL (Specify) 240 g /61 Hebrew Young Burial Dec Men Woodlawn, Maryland 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Bros. Inv 6010 Reist Road DATE DEC 14'61 Levinson a and week SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



Ullrich Funeral Home. Baltimore. Md.

aribur S. Kraus

DATDEC 1 8 '61

VS A15 (4)

15M 9758



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND REC RESTON STREET, BALTIMORE 1, MARYL 13603 OF 1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND b. CITY OR TOWN (f outs de corporete limits, LENGTH OF STAY IN 15 write RURAL and give nearest town) l day Fort Hoard Jestminster d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS Veterans Administration Hospital 133 E. Main St. 4. DATE DECEASED OF (Type priprint) DEATH FABTAN FIGURE and co 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7 8. DATE OF BRIET WIDOWED 10b. KIND OF BUSINESS OR NOUSTRY 11. B RTHPLACE County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even it retired) Hanover, Penna Odd Jobs Laborer 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Topper Henry Kries 15. WAS DECEASED EVER N U.S. ARMED FORCES? 16 SOCIAL SECURTY NO 17. INFORMANT Clinical Recordeduces VAHOSDITAL With war 1: 1215-20-7940 Baltimore 18, Maryland - FORT HOVAL DIVISION 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] attending physician. as been signed by the ARTERIOSLE OTIC HEART DISEASE IMMEDIATE CAUSE (a) certificate has been signer use as the burial-transit prior to burial, cremation, ARTER JOSCHELOGIS Conditions, if any, which gave rise to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1181 39. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of neury in Pert I or Pert II of Item 18.) After this detached for 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, farm, 20f. (City or town, factory, street, offica bldg., etc.) Not While While et work at work 21. I certify that (1) (this hospital) attended the deceased from DCC. 29 1961 to DCC. 30 1961, that (1) (we) last saw the deceased alive on DCC. 30 1961, and that death occurred at A.M., from the causes and on the date stated above. 22a SIGNATURE ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) BORNEL M.D. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. REMOYAL_(Specify) Leisters Cemetery 五章 0 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) Westminster, Harrhand

15M 9/60

lisvers

2. USUAL RESIDENCE (Where deceased lived, If institutions Residence b. COUNTY c. CITY OR TOWN (If outside corporala limits, write RURAL and give neerest town) IS RESIDENCE ON A FARM? YES NO A 1961 30 lecember 1888 9. AGE (In years IF UNDER 1 YEAR | IF JNDER 24 HRS last birthday) | Months | Days Hours 1 12. CITIZEN OF WHAT COUNTRY? U.S.A. INTERVAL BETWEEN ONSET AND DEATH Unknown Unknown PERFORMED? NO T (Stele) (County) SIGNED VAH Balto 18. Md. Fort Howard Division (State) Haryland Westminster 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



CERTIFICATE OF DEATH Reg. Dist. N. 3582 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) COUNTY o. STATE **b** COUNTY MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NO Middle / Frotee NAME OF DECEASED O t deDATE Month Doy Year fille. Pages (Type or print) DEATH 19 5. SEX 6: COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 9 AGE (In years pletely lost birthday) Months Doys Hours WIDOWED | DIVORCED [yrs. poper COM 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY or foreign country 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT attending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā I. DEATH WAS CAUSED BY:
MMEDIATE CAUSE (c) DUE TO þ Canditions, if any, which signed gove rise to immediate per DUE TO couse (a), stating the underlying couse last. been PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19 WAS AUTOPSY PERFORMED? ottending phy YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20c, TIME OF INJURY Month. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year (Stote) (County) factory, street, office bldg , etc.) Hour a.m While Not while 19 at work of work 21. I certify that I attended the deceased fram 19_4 that I last saw the deceased alive an and that death accurred at M, from the causes and an the date stated above. Ö **DATE SIGNED** ADDRESS (Street, city or lown, state) ACTUAL SIGNATURE р PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c NAME OF CEMETERY OR CREMATORY (State) REMOVAL Specify] URIA TO 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Civiling S. Huma 162 VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



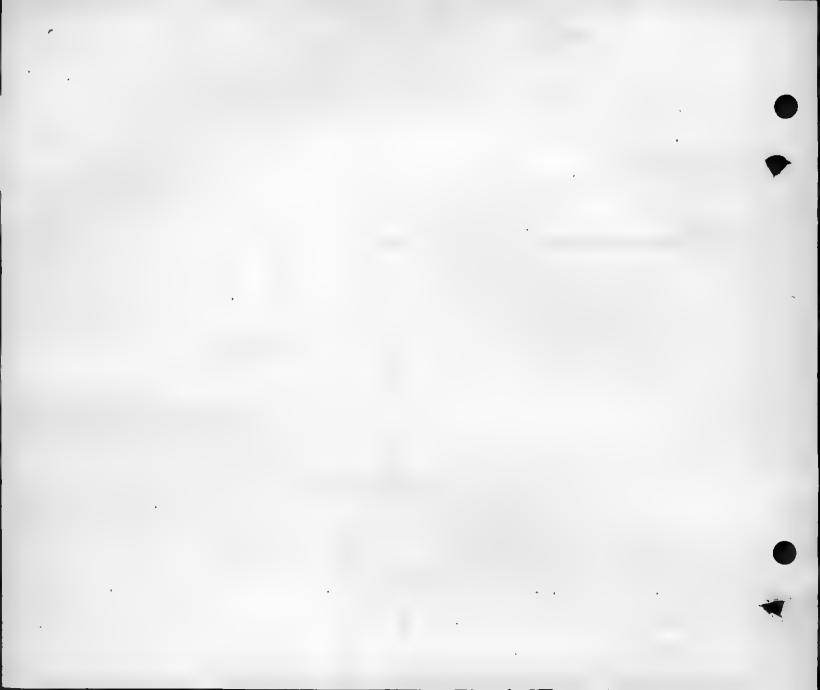
MARYLAND STATE DEPARTMENT OF HEALTH

1200 DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

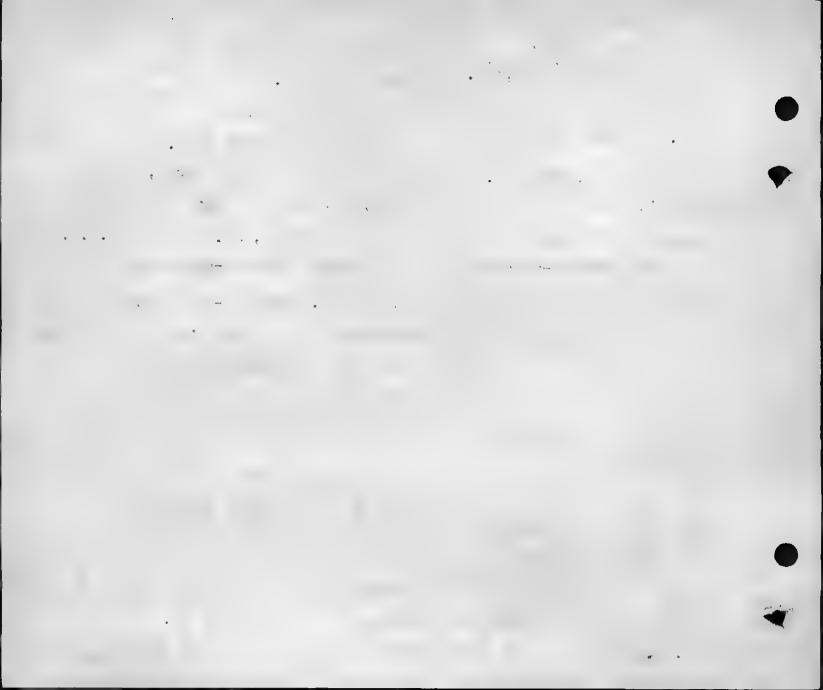
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			19002		CERTIFICA	TE OF DEATH			133	083	
	1. F	PLACE OF DEATH COUNTY altimore	County		MARYLAND	2. USUAL RESIDENCE (WE O STATE A KAY		b. COUNTY A	Residence before Mn & A		. 1.
7	Mt	CITY OR TOWN RURAL and give Wilson	(If outside corporate lim nearest town) . Flar yland		GTH OF STAY IN 16	c CITY OR TOWN (IF					· .
X. ,	Mi	OR INSTITUTION	State Hosp	give street address) ital		d. STREET ADDRESS 3 St Charl		marley	Pk.	e. IS RESID ON A F YES	NO D
age of		NAME OF DECEASED (Type or print)	Jacob	rst	Oda Oda	Landis	4. DATE OF DEATH	Month	25	,	ear 9 6/
	5 5	ma le	6 COLOR OR RACE	7. MARRIED WIDOWED	DIVORCED [8 DATE OF BIRTH 9-29-1	914 9 AG		UNDER 1 YEA	Hours Hours	Min
1	10a /a7	formes b	ION (Give kind of work orking life, even if retired	done 10b. KIND O	1 .	STRY 11 BIRTHPLACE (Stole	ar fareign country)	7	12 CITIZEN O	_	OUNTRY?
	13.	FATHER'S NAME Edu	rand Oc	da La	ndis	14 MOTHER'S MATDEN N	magazine.	ns.			
	15 (Yes	WAS DECEASED EV s. no. or unknown) NO	VER IN U. S. ARMED FOI It's yes, give wor or dates of 216-10 9	RCES? 16 SOCIAL		spital Records	, Mt. Wi	lson St	ate Hos	pital	
			EATH [Enter only one c				1		INI	ERVAL BET	WEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Stomach DUE TO									2 m	0.
	Conditions, if any, which (b)								F		
	gove rise to immediate couse (a), stating the <u>under-living</u> DUE TO										
2	CATION										WED5
<u></u>									YES 🛂	№ Ц	
	L CERTIF	(IF EITHER, NOTIF	IG LI CAUSE OF DEATH Y MEDICAL EXAMINER)								
	MEDICAL	20c. TIME OF INJU Hour o m	10	While N	OCCURRED 20e Plot while for work	ACE OF INJURY (Home, farm ctory, street, office bldg., etc	i, 20f (City or to	∾n)	(Caunty		(Stote)
						7-7-6 19					
		saw the dece	ased olive an ユン	-25_1	9_6e/, and that	death occurred of 130	M from the o	causes and	on the dot		above. DATE
		IM	wome				ED. STA	AFF YS □ /	2 -25	-61	SIGNED
		22c PHYSICIAN'S NAME (Type) WITI . NOW C	omer, M.D.,	Superin	tendent	Mt. Wilson	State H	ospital	, Mt.	Wilson	n, Mo
	23a	BURIAL CREMAT REMOVAL (Special	131 11		Sle-, Hove-	OR CREMATORY Me	23d LOCATION (City, town, or Bus	county)	(Stote)	7
	24 \$2	FUNERAL DIRECTO	DR'S SIGNATURE	, e [/o	DORESS Varanie	- md. DATE C	D BY REGISTRAR		RAR'S SIGNATU		

may retained the haspital or attending physician **O Fut. RAL DIRECTOR:** After this certificate has been signed by the attending physicion and campletely filter in by the fun page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death, ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSPITAL OR TO FU. VR A15 (4) 15M 9/59



	7	MARYLAND STATE DEPARTMENT OF HEALTH
	and	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND
k =07/	11/	CERTIFICATE OF DEATH
uner lihoul	弹)	1. PLACE OF DEATH Thomas Creaty ltem 9 Film G3U3 12/19/61 iwk 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before edmission) a. STATE b. COUNTY b. COUNTY
the f	W	MARYLAND PICE
de a de a		b. CITY OR TOWN (if outside corporate I mits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate I mits, write RURAL and give nearest town)
in id in jes 1	.10	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give stree, address)
with fille Pag ours	,	St. Josephs Nursing Home, 3602 Harford Road.
red stely sers. 2 hc		3. NAME OF First Middle Lest 4. DATE Month Dey Yeer DECEASED
in 7		(Type of print) Johanna A. Langhirt Dec 8,1901 19
od cc rbon with		6. COLOR OR RACE 7. MARRIED NEYER MARRIED 2/11/1882 6. COLOR OR RACE 7. MARRIED NEYER MARRIED 2/11/1882 9 AGE (In years IF UNDER 14 AR.) 15 SEX 16 COLOR OR RACE 7. MARRIED NEYER MARRIED 18 DATE OF BIRTH 17 Married No. 1 M
n an e car		10a. USLAL OCCUPAT ON (G. ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore gir country) 12. CITIZEN OF WHAT COUNTRY?
triici sicia		done during most of working life even if retured) Housewife at home none Baltimore, Md. U.S.A.
the residence	<" /	13. FATHER'S NAME
feath ding pleas nd ii		
he of the hen hen al, a		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yas, no, or unkown) (Ifyes give weror deles of service)
hat the street the str		no no none Joseph C. Langhirt-son, 3024 Mayfield Av
res tician by ermin		PART I DEATH WAS CAUSED BY. ONSET AND DEATH
oqui phys phed sit p on, o		
ing ing transfer		Conditions, It ony, which (b) arterioreduction cardiovascular d 15 yrs
he la lend bee urial		gava rise to immediate cause (a), steting the underlying DUE TO
A: I ve at the se at the beat	0	couse lost. Couse lost. C
ital ital icate as tl		PART II OTHER SIGNIF CAN'T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOSY PERFORMED? YES NO 14
rsicr		20a. ACCIDENT WAS UNDERLYING [1 20b DESCRIBE HOW INJURY OCCURED. (Enter nature of in ury in Pert I or Pert II of Item 18.)
PH the		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
The Feet		20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stata) Hour a.m. While Not White lectory, street, office bidg., etc.] et work et work et work et work
NDI Bined R: A deta deta		
Per Set	•	21. I certify that (I) (this hospital) attended the deceased from 19.1. In 19.1. to
REC noulculate		
He St.		220. SIGNATURE FAME ATTENDING M.D. ATTENDING MED. STAFF 12/10/61
RAL RAL	1	22c. Mysician's
Per	3	JAMES E. MONO 1811 PARTIEL 12 20 174
irection file	Ē	23e. BURIAL, CREMATION, 23b. DATE THEREOF BITTAL 23c. NAME OF CEMETERY OR CREMATORY BITTAL 23d. LOCATION (City, lown or county) (State) BLAIT Rd.
De Char	1 -	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256, REC'D 8Y REGISTRAR 256, REGISTRAR'S SIGNATURE
VR A15 (4)	. (C. Schimunek 3331 Brehms Lane DATE DEC 13'61 Orten S. Tomas
	340	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edimission) Baltimore a. STATE b. COUNTY MARYLAND Maryland b. CITY OR TOWN (if outs de corporete limits, E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town) write RURAL end give neerest town) Fort Howard Davs Towson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Veterans Administration Hospital 1721 W. Joppa Road 3. NAME OF Month DECEASED OF (Type or print) DEATH GEORGE TASHER December AGE (In years | IF JNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH lest birthdey) Months Devs White Male WIDOWED DIVORCED September 22,1931 30 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Chemical Company Brooklandville .Maryland Salesman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert W. Lasher Gladys Justice 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC. AL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give wer or detes of service): Clinical Records, VAH, Baltimore 18, Maryland Yes Korean Fort Howard Division 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: RETROPERITONEAL SARCOMA WITH METASTASES TO LUNGS. IMMEDIATE CAUSE (e LIVER, ADRENALS, LEFT KIDNEY AND PERITONEAL Conditions, feny, which gave rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY 20b DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Pert I of ftem 18.) 200. ACC DENT WAS JNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, (County) fectory, street, office bldg., etc.) While Not While el work el work , to Dec. . . 19 19.61, that (N (we) last saw the deceased alive on DECA 22e. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. 22c. PHYSICIAN S 22d. ADDRESS

th. Page FUNERAL VR A15 (4)

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remove

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certificate

Affer

DIRECTO

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rending

15M 9/60

VAH, BALTO 18 MD. FTHOWARD DIVISION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county)

Dulaney Valley Memorial

25e, REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE

Baltimore

John Burns Sons Funeral Home Baltimore, Md.

RUSSO, M.D.

236. BURIAL, CREMATION, | 236 DATE THEREOF

REMOVAL (Specify)

24 FUNERAL DIRECTOR'S SIGNATURE

Burial

Maryland

e. IS RESIDENCE

YES NO X

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

UNKNOWN

PERFORMED?

NO F

(Stete)

22b. DATE

S. A.

IF UNDER 24 HRS.

ON A FARM?



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased I ved, If institution: Residence before edmission) a. COUNTY b. county timore Baltimore MERVIAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neeres) lown) director. write RURAL and give nearest fown) Dundalk 6 vears Dundalk d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 7509 Belmont Avenue 7509 Belmont Avenue YES NO X 3. NAME OF 4. DATE Middle DECEASED (Typa or print) CLEAON MARTIN LEASE DEATH December with 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED TO NEVER MARRIED 9. AGE (In years | . F UNDER 1 YEAR 5 may id 2 wi hours last birthdey) Months | Days Hours male white Dec.26.1898 WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 1 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Custodian Public School Marvland USA pages within 13. FATHER'S NAME PM3 14. MOTHER'S MAIDEN NAME Thomas F. Lease Sarah Hill 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknown) I (If yes give wer or dates of sarvica) Estelle G. Lease same as 18. CAUSE OF DEATH [Enter only one cause par ina for (e) (b) and (c).] INTERVAL BETWEEN Office along burial-fransit p ONSET AND DEATH MMEDIATE CAUSE (a) r's Office s a burial-l removal_e Office DUE TO Conditions, if env. which (b) geve rise to immadiata cause **DUE TO** (e), stating the underlying ठ causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X should 20b. DESCRIBE HOW INJURY OCCURED Enter pature of injury in Pert I or Pert II of Item 18 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief age 3 s 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Yeer (County) (Slete) factory, street, office bldg., atc.) Hour e.m. Not While at work at work certificafe, should be forwarded to the 21 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from. Natural causes 1. Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Dundalk 22 Mary Land Melvin B. Davis, M. D. DUILLE IL 226. DATE THEREOF 220 NAME OF CEMETERY OF CREMATORY NAME (Typa) 22. BURIAL, CREMATION, 226. DATE THEREOF 22d, LOCATION (City, lown, or country) REMOVAL (Specify) 40 Burial Baltimore Maryl 240. REGISTOR 23. FUNERAL DIRECTOR VS. AISME . N Walter Brooks Bradley, Inc., Dundalk 22, Md DATE 5M 9/60



A15C 1-55 10M

NSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13587

13609

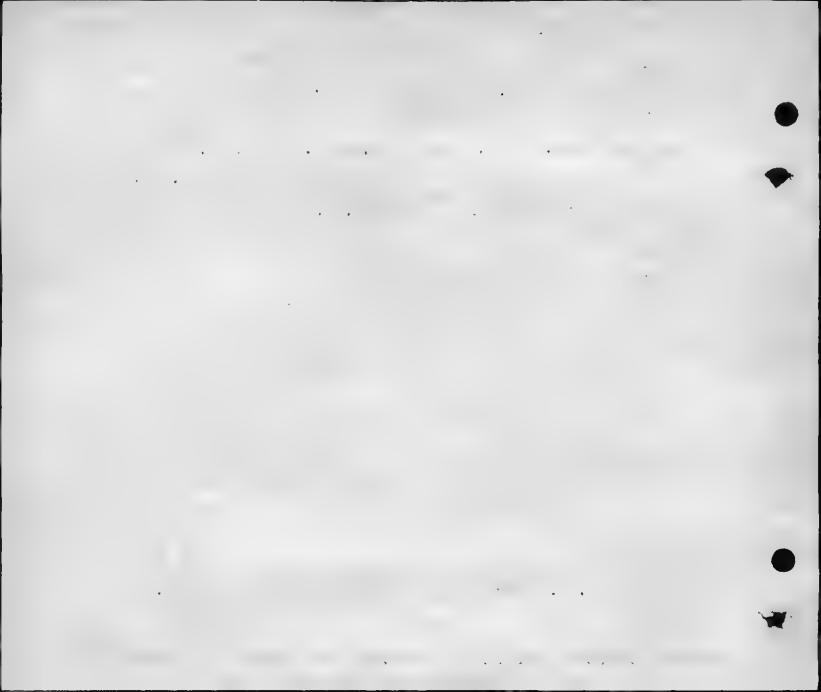
CERTIFICATE OF DEATH

Keg. Dist. No								
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECE	SED						
COUNTY Billicoi	MARYEAND	STATE MANJAND COUNTY Harford						
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CTTY (if outside corporate limits, write RURAL and giv	34 Alles (
OR and give nagrest town) TOWN	(in this place)	OR O	1 /					
HOSPITAL OR		I WALL INCLUIT	1: 1 /-					
INSTITUTION OR STREET ADDRESS	(to fraction	ADDRESS	non)					
26 6 26 6 26 6	· ~ ~ 78("4	PAOSI APPOCE PIO						
DECEASED 7	(id die)	(Last) 4. DATE (Month)	(Day) (Year)					
(Type or Print)		CC. DEATH /2	14 1961					
5. SEX 6. COLOR OR 7. SINGLE, MARRIED RACE WIDOWED, DIVO	B. DATE		NDER 1 YEAR IF UNDER 24 HRS.					
f a 2 - 1 - 10 - 10 A	you & Octo	ber 27,1873 88 yrs. Mon	ths Days Hours Min.					
	OF BUSINESS NDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT					
	Culture	Maryland	COUNTRY?					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	4.011(1					
RAIDH LEE		REDECCA Amos						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.		k-11/1					
(Yes, no, or unk.) (If Yes, give wer or dates of service)	JON E		SELAS MANNEY					
	18. MEDICAL CE		INTERVAL BETYVEEN					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	21.	property of the second	ONSET AND DEATH					
IMMEDIATE CAUSE (A)	2011/2016	west fire week						
ANTECEDENT CAUSE(S) DUE TO	. /	(1	and in the					
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	7721566	(ET ST (15)	2 -(2-1/2)					
STATING UNDERLYING CAUSE LAST. DUE TO	Ester hal	() · · · · · · · · · · · · · · · · · ·	1 andi					
TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	and the same	1 6. 3 × 3) Che 20 10 1 6 10 10	The Contract of the Contract o					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		/						
198. DATE OF OPERATION 196. MAJOR FINDINGS O	F OPERATION		20. AUTOPSY?					
			YES NO					
216. ACCIDENT WAS UNDERLYING 216. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street, off (F ETHER, NOTIFY MEDICAL EXAMINER)	ferm, factory, ice bldg., atc.)	21c. WHERE DID INJURY OCCUR? (City or lown)	(County) (Stete)					
	NJURY OCCURRED	21f. HOW DID INJURY OCCUR?						
White M, et wor	k Not while							
22. I hereby certify that I attended the decease	ed from Mar 2	19 4 to 8/20 , 44 10 63/ 14	at I less sour the decree I					
alive on 17 1/4 19 /7 and t	hat death occurred a	172 AM, from the causes and on the date :	ai i iasi saw ine deceased					
BIGNATURE		ADDRESS (Street, city, town, step	DATE BIGNED					
Two It of illand	M.D.	⁹ /2011 ア ー . エデー	.4/8/ 12/15/					
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OF	CREMATORY LOCATION (City, town, or co						
REMOVAL (SPECIFY) DEC. 17, 1961	Little FAlls F	riends Cemy Fall to Und	C Marland					
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS					
DATE DEC 2 0 '61 C . 4 %C		25. FUNERAL DIRECTOR'S SIGNATURE W. BTOARD	way + williams &					



ESTON STREET, BALTIMORE 1, MARYLAND OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) L PLACE OF DEATH Baltimore a. COUNTY a. STATE **b.** COUNTY Shady Nook Convalescent Hom MARYLAND £2 Ma b. CITY OR TOWN (if outs de corporata limits, I c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Catonsville Baltimore 3 Months filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a IS RESIDENCE ON A FARM? Shady Wook Home, 1002 N. Rolling Rd 317 N. Payson St. YES NO 3. NAME OF Middle 4. DATE Month Day Yaar DECEASED OF (Type or print) Lula DEATH 1961 Dec. 18, within Liedlich COS carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE III YOURS HE UNDER I YEAR I IF UNDER 24 HRS. and last birthday) Female Feb. 26.1885 WIDOWED TO DIVORCED [physician 10a. USUAL OCCUPATION (Giva kind of work гещоме 1 105. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) House Wife Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .⊆ Frederick Gronemeyer Unknown à 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Ad drass (Yas, no, or unkown) | (Ifyas giva war or datas of sarvica) Margaret McDonald no none 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 3 das IMMEDIATE CAUSE (a) **DUE TO** peen Conditions, if any, which (b) gava rise to immadiata causa DUE TO (a), stating the underlying has cause last. the After this certificate hetached for ne PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20a, PLACE OF INJURY (Home, form, 20t, (City or town) (County) (Slate) factory, streat, office bldg., atc.) Hour a.m. While Not While y be resident Al at work at work 21. I certify that (!) (this hospital) attended the deceased from. Jeps 18......1964., and that death occured at 11.PM, from the causes and on the date stated above. saw the deceased alive on. 22a, SIGNATURE 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) MacLaughlin 4508 Edmondson Ave. 23a. BURIAL, CREMATION, 1 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county REMOVAL (Spacify) 12-21-61 BaltimoreWestern Burial 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 Certiful S. Mines

attending



by the and 2 death.

by th

filled in Pages 1

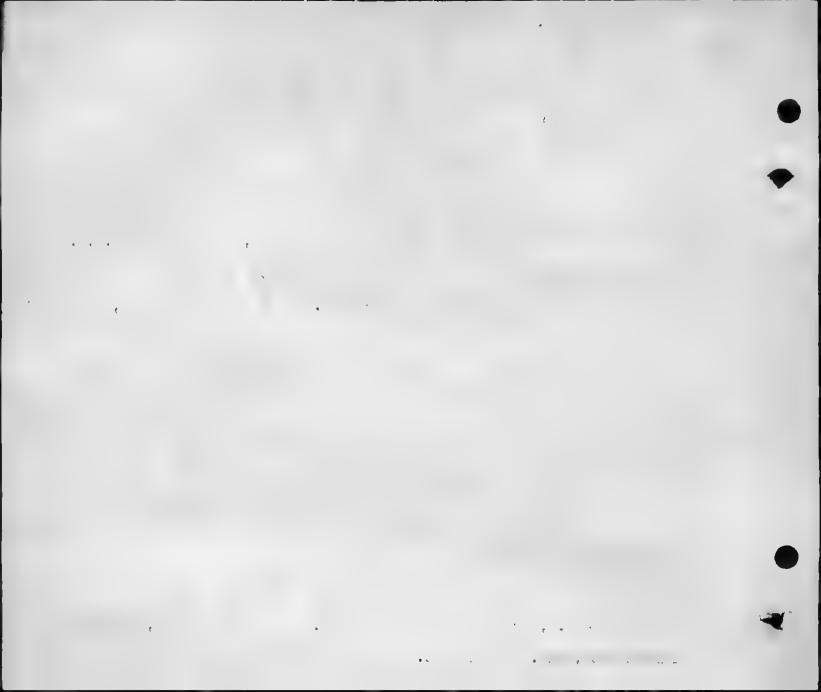
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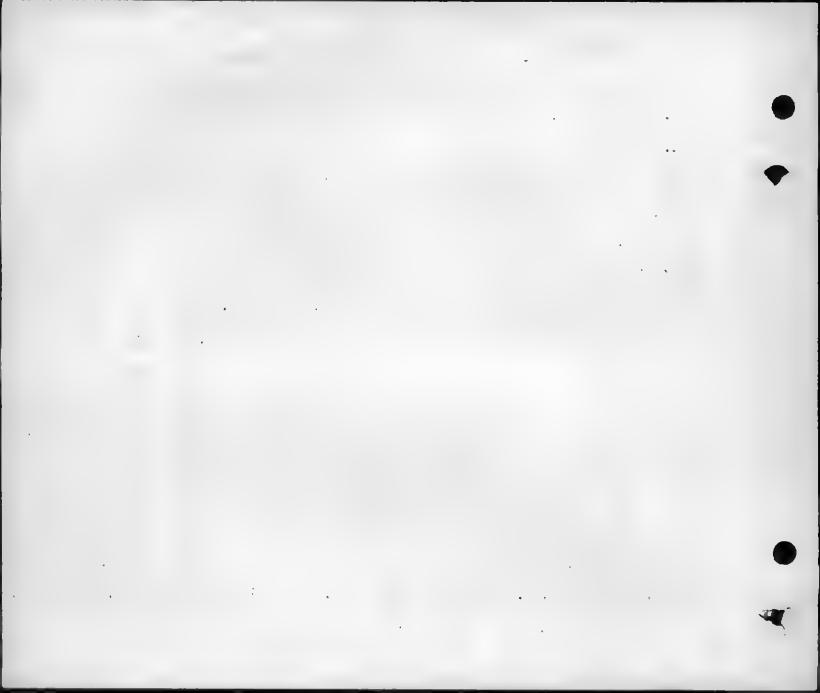
and

Affer this

th. Page TUNERAL ector, page 3

VR A15 (4) 15M 9/60





TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within purs after the page 4 be retained by the hospital or attending physician.

\$ > TO TUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 2 thours after death.

MARILAND STATE DEPARTMENT OF REALITY	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	E 1, MARYLAND
13613 CERTIFICATE OF DEATH	49504

	THEM C PILL		20/ UL IIII) 5
1. PLACE OF DEATH				There deceased lived, if in		before admission)
Baltimore	241	RYLAND 6.	STATE	b. COUNT	*	
b. CITY OR TOWN (if outside corp			llaryland	ide corporate limits, write I	DIIDAL and also and	
write RURAL and give nearest	lown)	C.	CITT OK 10 1914 (11 00:21	de colpoiale mais, write i	OVAL BLG BIAS LSS	ten town)
Catonsville			Baltimore.		0.1.1	1
d. NAME OF HOSPITAL OR INSTE	UTION (if not in hospital, g'va street	address) d.	STREET ADDRESS			. IS RESIDENCE
2110 Edward	A		23 Nottingh	am Pond #20		ON A FARM?
2119 Edmondson	Avenue M dd		- > 1100000000		Day	
DECEASED		16)F	Dey	Year
	llian M.	Lowe	, I	Decembe	r 16	1967
5. SEX 6. COLOR C	OR RACE 7. MARRIED NEVER MA	RRIED 8. DATE	OF BIRTH 7880	9. AGE (In years	JNDER 1 YEAR 1F	UNDER 24 HRS."
Female Whit	e WIDOWED [2] DIVO	RCED Sapt	· 22, 1886/	last birthday) (Months Days	fours Mn.
10e. USUAL OCCUPATION (Give kin done during most of working life, eve	d of work 10b. KIND OF BUSINES n it retired)	S OR INDUSTRY 11.	BIRTHPLACE (County & S	itate, or fore gn country)	12. CITIZEN OF V	VHAT COUNTRY?
Housewife			nnsylvania		J. S. A	
13. FATHER'S NAME		14, M	OTHER'S MAIDEN NAME		21	_
? English		M	argaret Con	wFfar		
15. WAS DECEASED EVER IN U.S. AR	MED FORCES? 16. SOCIAL SECUR	Y NO. 17. INFOR	MANT	Address		
(Yes, no, or unkown) (Ifyesgiveware	r dales of service)		21			450
	only one cause per line for (e), (b), e	Ers. A	. Stewartc	<u> </u>	dmondson 4	ve- #20,
PART I. DEATH WAS CAUS						AL BETWEEN
IMMEDIATE C	AUSE (a) LULVILON	on Ete	W-e-		12	has
4 4 1 X	DIS 70 1 -	*				
Conditions, if eny, which	17.42.	- Scheron	3		Use.	an
gave rise to immadiate ceuse	(b) CENTURE	3000			- 7	
(e), stelling the underlying	DJETO 14.		ev515-		11.	4
ceuse lest.	(c) Sid Denter	ra-c.ch A	トレンノスー		92.	~~~
PART II. OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING TO E	EATH BUT NOT RELA	ED TO THE TERMINAL D	ISEASE CONDITION GIVE	IN PART 1(8) 19.	WAS AUTOPSY
ATI					YES	PERFORMED?
20a, ACCIDENT WAS UNDERLYIN	NG 206. DESCRIBE HOW INJU	IPV OCCUPED (Fater	nature of injury in Part L	or Part II of item 18 1		П П.
OR CONTRIBUTING TO CAUSE OF	DEATH	DRY OCCURED, (EINE	ie die di milety in rest i c	27 Fell is Of Least (0.1)		
	AMINER)					
	Dey, Year 20d. INJURY OCCURR	ED 200. PLACE OF		H. (City or town)	(County)	(Stete)
Hour e.m.	While Not While	rectury, sire	et, office bldg., etc.)			
- Print	17 (hand h			7 19- 16	121	
21. I certify that (I) (4hi:	hospital) attended the dece	ased from. N.	1300	to Auc.C.	, 19.557, tha	(1) (wo) l ast
saw the deceased alive o	n 19ec, 16 1960	(, and that death	occured at	, from the causes a	nd on the date	stated above.
22a. SIGNATURE	91			A		22b. DATE
4 Pot Woed	. Frid		TENDING MED.	OR PHYS.		SIGNED
22c. PHYSICIAN'S	11 :		d. ADDRESS	- A A A	A .	1
NAME (Type) W @	They bee F	crt	1118 St.P.	anc. St. 15	alltuniz	, mu.
23e. SURIAL, CREMATION, 23b. D.	ATE THEREOF 23c. NAME C	F CEMETERY OR CRE	MATORY 236	I. LOCATION (City, lowr	or county)	(Stete)
REMOVAL (Specify)						
		wn Cemeter		Bal timore, ha	ary_and	
24 JUNERAL DIRECTOR'S SIGNATUR	ADDRES:	5	25a. RFC'D 8Y	REGISTRAR 255. REGI		
Im Jupane	Vistons Batterio	20 12 Mil	DATE	a di	thur S. Thrass	4
		The state of the s				



FOR STATE HEALTH DEPT. passe execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to vie tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office elong with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heelth, or igs designated egent, prior to burial, cremetion, or removal, end in any event within 72 hours page 4 pages. VS. A15ME

SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIF

Division of STATI	STICAL RESEAR	CH AND RECORDS,	301 W. PRESTON S	STREET, BALTIMOR	E 1, MARYLAND
13614	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	13592

J. PLACE-OF DEATH b. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
Baltimore County MARYLAND	Maryland Baltimore Co.
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	
Baltimore (rural) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	Baltimore (rural) , d STREET ADDRESS [•. IS RESIDENCE
2517 Hammonds Ferry Road	2517 Hammone Farmy Road YES NOXX
3 NAME OF First Middle DECEASED	Lesi OF Month Day Year
(Type or print) JAMES EMORY	LOWRY December 23, 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. In the second of the second o
Male White WIDOWED DIVORCED 100 USUAL OCCUPATION (G ve kind of work 100 K ND OF BUSINESS OR INDUS	May 17, 1925 36 yrs.
dona during most of working life, avan if refired) 821eSman	TRY 11 B RTHPLACE (State or fore gr country) 12. CITIZEN OF WHAT COUNTRY? Maryland U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Emory Lowry, Sr.	Charlotte M. Reed
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (Ifyesgivewar ordatesofservice) 213-20-7778	Howard Thorn 2507 Brohawn Ave. #30
18. CRUSE OF DEATH Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of he	and and brain.
976X DUE TO	AND AND AND AND A
Conditions, if eny, which \ (b)	
gava rise to Immediate cause [6], stating the underlying DUE TO	
cause last. (c)	
PART II OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
(LA)	YES NO -
PART II OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IT	(Entar natura of injury In Part I or Part II of itam 18)
Linguet Wound 11	right temple.
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P Hour a.m. While Not While he work at work	right temple. LACE OF INJURY (Home, form, 20f. (City or lown) (County) (Stata) testory, street, office bldg, etc.)
Hour s.m. 12/23/19 61 While Not While at work at work	
	Home Baltimore Co. Maryland
21. I certify that I took charge of the remains described above,	Home Baltimore Co. Maryland held an Autopsy X. Inspection . Inquiry . and in my opinion
	Home Ral timore Co. Maryland held an Autopsy XI. Inspection . Inquiry . and in my opinion icide XI. Hom cide . Undetermined manner .
	held an Autopsy [X]. Inspection [, Inquiry [, and in my opinion
	held an Autopsy XX. Inspection, Inquiry, and in my opinion icide XX. Homicide, Undetermined manner
death resulted from: Natural causes Accident . Su	icide X. Homicide
death resulted from: Natural causes Accident Sunature Accident Manufecture Howard G. Shaub.	ASSISTANT MEDICAL EXAMINER Address (Street, city, lown or county) Address (Street, city, lown or county) And in my opinion and in my opi
Accident . Su ACTUAL SIGNATURE . HOWARD G. SHAUB, M. D. 220. BURIAL, CREMATION, 22b. DATE THEREOF . 22c. NAME OF CEMETERY	Address (Street, city, lown or country) OR CREMATORY Assistant Medical examiner Authorsy And in my opinion Inquiry
death resulted from: Natural causes Accident Suractual Signature Abauta Abauta Abauta Name (Typa) HOWARD G. SHAUB, M. D. 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY BURIAL Spacify 12/26/61 Baltimore 1	cheld an Autopsy X. Inspection Inquiry and in my opinion icide X. Hom cide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Addrass (Streat, city, lown or county) OR CREMATORY 22d. LOCATION (City, town, or county) Vational Cem. Baltimore Maryland
Accident . Su ACTUAL SIGNATURE . HOWARD G. SHAUB, M. D. 220. BURIAL, CREMATION, 22b. DATE THEREOF . 22c. NAME OF CEMETERY	Address (Street, city, lown or county) OR CREMATORY ACTIONAL EXAMINER Address (Street, city, lown or county) OR CREMATORY 22d. LOCATION (City, town, or country) 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

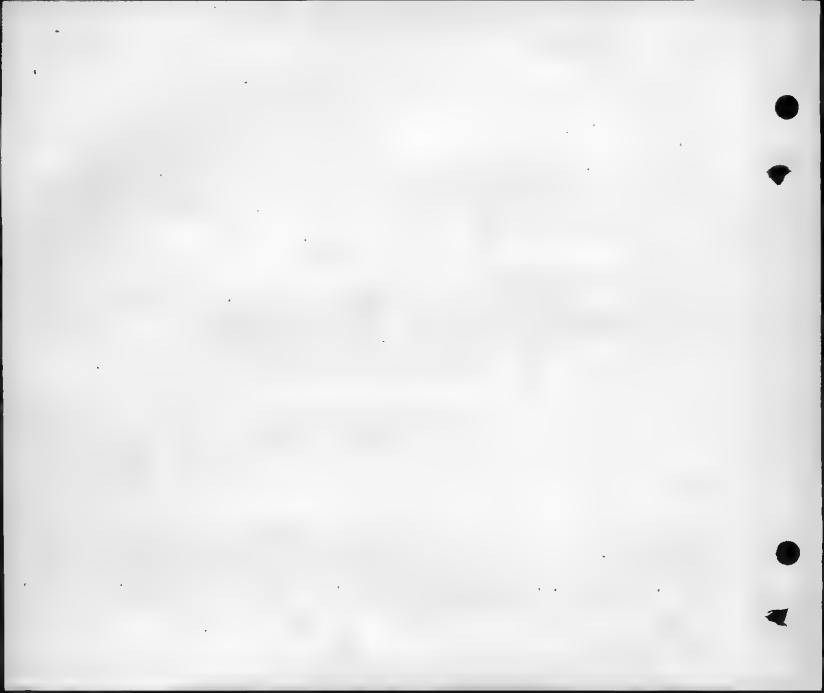


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13615 the attending physician and campletely it. I in by the funeral directar, Then please remove corban papers. Pages 1 and 2 should be filed with UCL

13593

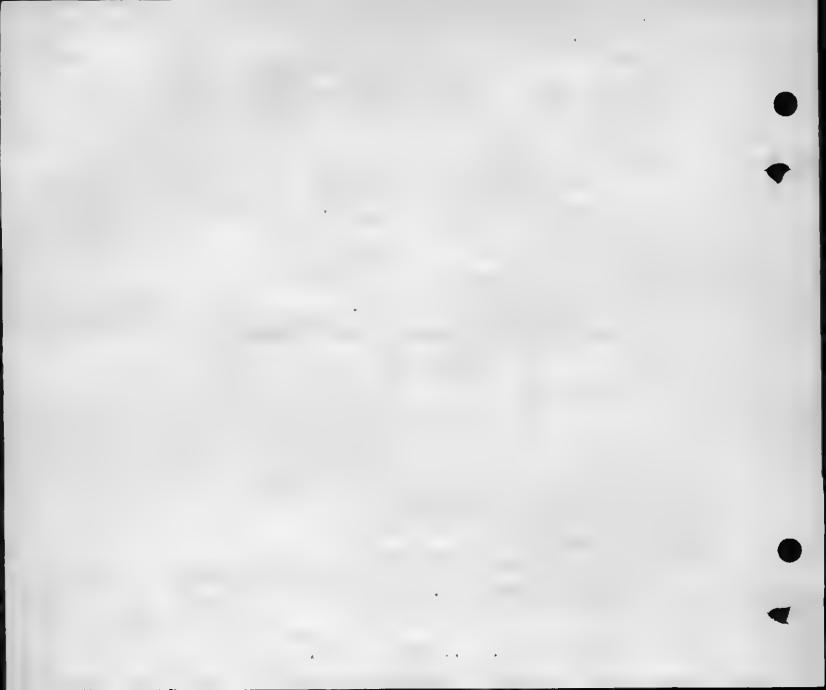
1	a. COUNTY			2, USUAL RESIDENCE (When	re deceased lived. It institut b. COUNT	tion Residence before admission)
	Baltimore	County	MARYLAND	mary	land	Anne Arundel
	6 CITY OR TOWN	(if outside corporate limits, wr	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF out	side corporate limits, write	RURAL and give nearest town)
1	Mt. Wilson	n, Maryland	57 weeks	Odento	n	62 X · 2.
-	d. NAME OF HOSE	PITAL (If not in hospital, give st	reet address)	d. STREET ADDRESS		e. IS RESIDENCE
I	it. Wilson	State Hospita	1	Box 372	4th av	enne YES NO 12
3	3. NAME OF	First	Middle	Last	4. DATE Mo	onth Day Year
	DECEASED (Type or print)	METTIE	RERECCA	MARTZ	DEATH De	c 22 1961
1	5 SEX	6 COLOR OR RACE 7 A	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF JNDER TYEAR IF UNDER 24 HRS
ı	F	1 24/	OWED A DIVORCED	7-11-189	8 last birthday)	77.0073 110013 771111
1			106 KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State or	fareign country)	12. CITIZEN OF WHAT COUNTRY?
ı	14 -	orking life, even if retired)	1. In Alman	Marul	d 10 d	N5H
ī	3. FATHER'S NAME	sewige 1	CALL THORN	14. MOTHER'S MAIDEN NA	ME	
	11/3	E Stor	lina	5=+011-	B 1.+1-	3-
1	5 WAS DECEASED E	VER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Ad Ad	dress
	(Yes, no, or unknown)	(If yes, give war or dates of service)	B 4	ospital Records	, Mt. Wilson	State Hospital
F	lie caller of D	CATIL CO	none "			INTERVAL BETWEEN
ı		EATH [Enter only one couse pleATH WAS CAUSED BY	_	0 1	2	ONSET AND DEATH
		IMMEDIATE CAUSE (a)	mbercu	10-565	12000	2 325,
١	100	DUE TO	DO	+-00	0:	-
1	Conditions, if	ID!	Tulmona	my when	culosis	· 2 yes.
ı	gave rise to couse (a), statin		(
	lying cause las					
	PART II. C	THER SIGNIFICANT CONDIT O	INS CONTRIBUTING TO DEATH BI	JT NOT RELATED TO THE TERMIN	ALDISEASE CONDITION G	EVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	5					YES NO E
	20g ACCIDENT \ OR CONTRIBUTIN (IF EITHER, NOTI	WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Pa	rt L or Port II of item 18.)	
П	(IF EITHER, NOTI	FY MEDICAL EXAMINER)				
П				PLACE OF INJURY (Home, form,	20f (City or town)	(County) (State)
	Hour on	TO	/hile Nat while	octory, street, office bldg., etc.)		
1	1			1 (5 10/	Du Tes 3	Z_, 19_6_J, that (I) (we) last
1						
1	220 SIGNATURE	osed dive an Vec-	Iy/, and that	death accurred ary	n, fram the causes o	and an the date stated above.
Н	11/1/	41		M D PHYS D DIRE	STAFF	The 2 - 19 S GNED
1	22c. PHYSICIAN'S	Wirmen		22d ADDRESS	CTOR PHYS	Vec, (76)
1		comer, M.D., St	perintendent	t. Wilson	State Hospita	al, rit. Wilson, rid.
-				On CREATION To		
1	AMOVAL (Speri	TION, 236 DATE THEREOF	23: NAME OF CEMETERY	10 0 6	23d EOCATION (City, town	, or county) (State)
-	Buria!	16 TOURC-196)	Glen Have.		telen loute	110
1	24. FUNTERAL SIRECT	DE'S SIGNATURE	_ GOOKESS B	- OM 250 REC'D		GISTRATE'S SIGNATURE
						. 01

D. F. MERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely it. page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages the State Board of Health prior to burial, cremation, or removal, and in any ment within 72 hearth death. ENDING PHYSICIAN: The law requires that the death certificate be executed within e hasp'tal ar attending physician. TO HOSPITAL OR E 01 VR A15 [4] 1SM II/S9

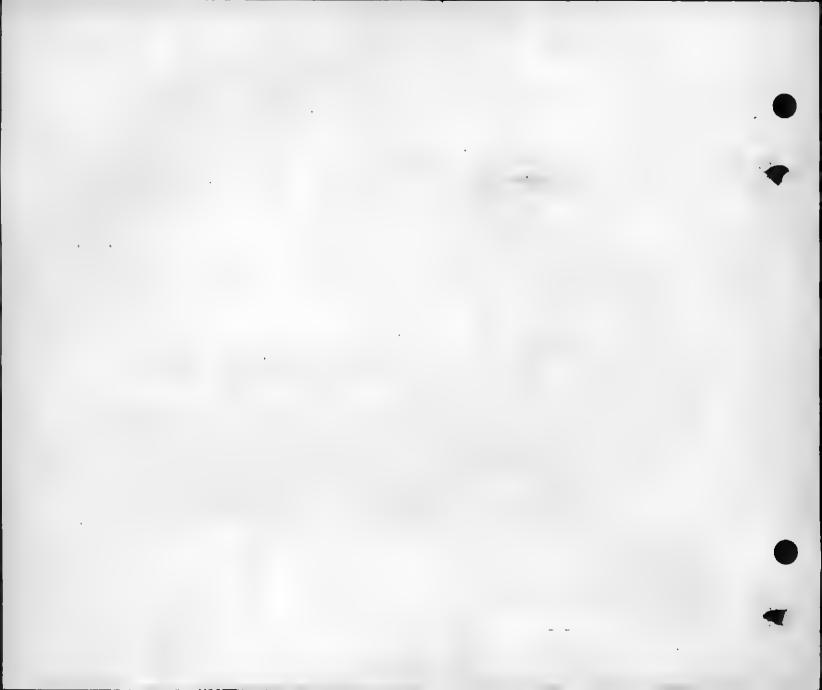


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3615 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before director. Page or your files. oard of Health, e. COUNTY b. COUNTY Baltimore Baltimore Marvland MERVLEND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Dundalk years Dundalk d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) and 3 to be funeral of may be retained for the State Soar its after de transmitted for the State Soar its after de transmitted for the State Soar its after de transmitted for the state soar for the state . d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Broadship Road Broadship YES NO T 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH JA NE MCCATN December 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8, DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 2 year last birthday) Hours female WIDOWED DA DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, B RTHPLACE (State or foreign country) 1 12. CIT.ZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Indiana USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Oliver Handley Charlotte 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address nouse of in lem ro.

Office along with for a burial-transit permit (Yes, no, or unknown) | (If yes give wer or dates of service) Mrs. Bessie Wilkerson same as 18. CAUSE OF DEATH [finier only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) s a burial-tr **DUE TO** Conditions, if any, which' gave rise to immediate cause **DUE TO** (a), stating the underlying te the certificate, writing the word "pendin forwarded to the Chief Medical Examiner" L DIRECTOR: Page 3 should be used as afed agent, prior to burial, cremation, or r cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO EX 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) fectory, street, office bldg., etc.) Hour e.m. While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection I Inquiry and in my opinion Natural causes Accident . Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER should be forwar FUNERAL DIE ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DX 12/26/61 Melvin B. Davis, M. D. NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) REMOVAL (Specify) 40 g Dale Cemetery Burial Connersville, Indiana 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Walter Brooks Bradley, Inc., Dundalk 22, Md DATE DEC 28'61 5M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 13617 USUAL RESIDENCE Where deceased lived. Institution: Residence before admission) PLACE OF DEATH o. COUNTY filed o. STATE b. COUNTY MARYLAND Raltimore Maryland 70 b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) years, should Baltimore 16 d NAME OF HOSPITAL (If not in haspital, give street address) days d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NOVE Rosalie Road - Formerly of S pring Grove State Hospital .⊆ NAME OF 4. DATE Middle lost Month Day Year DECEASED OF DEATH (Type or print) Pages Mc Cullough 1961 Ella - May---December 6 COLOR OR RACE 17 MARRIED T NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 8 DATE OF BIRTH campletely last birthdoy) Months WIDOWED I DIVORCED | YES. 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife pup Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Charles Brown Rebecca Edwards 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address attending Records: Spring Grove State Hospital 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY T. Mark IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which permit been signed gave rise to immediate DUE TO cause (a), stating the under-£. lying couse last. b CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) [19. WAS AUTOPSY PERFORMED? YES NO IT 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Haur a.m. While Nat while at wark of work p. m. 21 I certify that (W(this haspital) attended the deceased fram. that (K (we) last saw the deceased alive an , and that death accurred at A.M. from the causes and an the date stated above detach ERAL DIRECTOR: 22a SIGNATURE SIGNED ATTENDING MED DIRECTOR M.D. 22d. ADDRESS 22c PHYSICIAN'S 23a BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) page the St REMOVAL (Specify) Baltimore, Maryland Woodlawn Cemetary 0 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 2So REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DATE AND SE Curry S. Three 15M 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND



and conversify filled in by the funeral carbon papers. Pages i and 2 should it, within 72 hours after death. rted within 2 The law requires that the death certificate be exec The Page 4 the retained by the hospital or attending physician constructed. CUNERAL DIXECTOR: After this certificate has been signed by the attending physician and condinactor, page 3 should be detached for use as the burial-transit permit. Then please permove carbon is filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within fany even

> VR A15 (4) 15M 7 61

24 FUNERAL DIRECTOR'S SIGNATURE

Sons

M DIVISION OF STATISTICAL E	ARYLAND STATE DESCRIPTION				opri Man	WI AND
13619	CERTIFICAT		_	I, BALIIM	ORE 1, MAR	3597
1. PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE a. STATE	CE (Where dec	eased lived, If i		
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (I	l outside corpo	rele limits, write		
Garrison d. NAME OF HOSPITAL OR INSTITUTION (if not	in hospitel, give street address)	d STREET ADDRESS				IS RESIDENCE ON A FARM?
Kenmar Ave. 3. Name of First Deceased	Middle	Kenmar	4. DATE	Month	Day	YES NO X
(Type or print) Norman		eekins	OF DEATH	Dec.	23,	1961
Tale White w	THE PARTY OF THE P	May 16,1891	9.	AGE (In years last birthday)	Months Doys	Hours Min.
cone curing most of working life, even if refired)	106. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Count	ty & State, or I	oleigh countly)	12. CITIZEN O	F WHAT COUNTRY?
Narehouse Poreman 13. FATHER'S NAME		14. MOTHER'S MAIDEN			1 1	TSA
Joshua l'eekins 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgivewarordelesofservic	16. SOCIAL SECURITY NO. 17. II		Cornth	Waile Address		
NO 18. CAUSE OF DEATH Fenter only one cause	219-01-9199 Wi	lliam J. Mee	kins	Reis	terstown	Md.
	etastatic carcinom	a				SET AND DEATH
Conditions, if any, which (b) Ca	arcinoma of the pr	ostate			;	5 yrs.
gave rise to immediate cause (e), stating the underlying DUE TO						
	S CONTRIBUTING TO DEATH BUT NO	TRELATED TO THE TERMIN	IAL DISEASE C	ONDITION GIVE		9. WAS AUTOPSY PERFORMED? (ES NO K)
PART II. OTHER S GNIFICANT CONDITION CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMALE)	DESCRIBE HOW INJURY OCCURED.	(Enter nature of musy in f	Pert I or Part II	of tam 18]		ICS NO E
20c. TIME OF INJURY Month, Day, Year Hour a.m.		CE OF INJURY (Home, farm bry, street, office bldg., etc.		or town)	(County)	(State)
21. I certify that (I) (MXXXXIII) attended the deceased from 9-6-50 19, to 12-23-61, 19, that (i) (30) is saw the deceased alive on 12-21-61 19, and that death occurred at 1.1AM, from the causes and on the date stated about						
22a. SIGNATURE		ATTENDING N	ASAM, ITOM	STAFF PHYS.	and on the da	22b. DATE 2-26-61
22c. PHISICIAN'S	oles, M. D.	6 Hanover	Rd., Re	isterst	own, Md.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial Dec. 26.1	236. NAME OF CEMETERY C		1	TION (City, sow		(Stete)

It. Olive Cemetery

ADDRESS

Reisterstown, Md.

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Cirthua & House

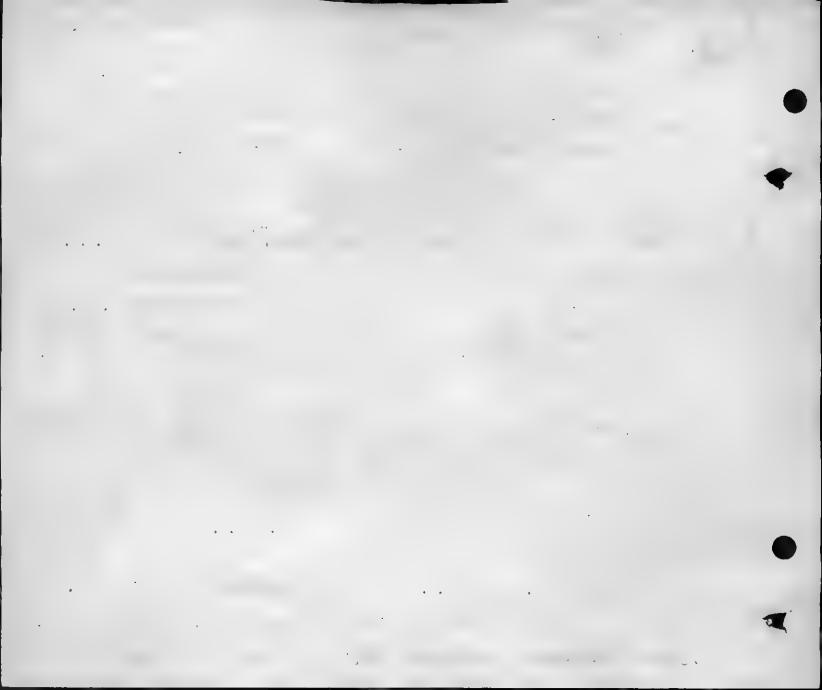
DATE DEC 2 7 '61



1 7	MARYLAND STATE DEPARTMENT OF HEALTH									
CED OTATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND									
FOR STATE	13620 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13598									
HEALTH DEPA.	2. USURL RESIDENCE (Where decessed lived, it institution: Residence before edmiss on)									
Fig. 2. Service of the service of th	Balto MARYLAND STATE TIME. 6. COUNTY BALTO									
	b CITY OR TOWN (1 outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)									
director. or your fit	Ball 3 2 mt 1 30 alt 5 8									
	d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, g ve street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?									
y delay funerel c fained for State Boz eath	3220 That Con Red. YES NOW									
a State	3. NAME OF DECEASED A Middle Last A DATE Month Dey Year									
\$ 1 4 p	(Type or print) HERMAN MERKEL DEATH ~C.C. 13 198/									
death md 3 to may b 2 with urs aff	5. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS. lest b rihday) Months Days Hours Min.									
2, and 5 m	I SCORED DIVORCED 12-21-65 56 yrs.									
2 9 6 7 9	10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (Sjee or fore gn country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired)									
A hours M3. Pages M3. Pages 1 within 7	13. FATHER'S NAME									
24 hou ve Page PM3. P pages	The state of the s									
within 2. 8. Give form PA form PA form PA event w	15, WAS DECEASED EVER IN U.S. ARMED FORCES? 116, SOCIAL SECURITY NO. 17, INFORMANT Address									
₹ 50 × 15 €	(Yes, no, or uniown) (Ifyesgive were dates of service) 216-07-54732mr22m /2rln3levin - Same									
with with any	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).									
	PART I DEATH WAS CAUSED BY:									
d be expendifice elonial-tran										
ould be Office burish noval,	Conditions, if ony, which \ (b) Continue closetie C. Y. Listare 2-420.									
	geve rise to immediate cause									
ifficate shaminer's sed es e on, or re	(e), sletting the underlying Succession (c)									
Examire a used ation, o	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G.VEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?									
M3 0 0 X 00	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING FO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(e) 15. WAS AUTOPSY PERFORMED? PERFORMED? YES NO PRIMARY OF CONTRIBUTING C									
This ie wor endical ould be cram	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Pert I or Pert II of tem 18.)									
Writing Writing to buri	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)									
	Hour e.m 721-729 While Not While el work PLAZE									
AL EX.	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion									
AL EX. certificate, deed to the ECTOR:	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner									
ME All the certification of th	CHIEF MEDICAL EXAMINER									
ME the the form	ACTUAL SIGNATURE A.A. CALLECT M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED									
ZPUTY ME Assemble the ca should be forward FUNERAL DIRE its designated age	DEPUTY MEDICAL EXAMINER \(\infty\) 12 -13 -76/ NAME (Type) D. D. CATIFS Address (Street, city, lown, or county)									
S de	226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (Stote)									
1 4 0 9 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5	BURIAL 12/15/61 Mishkin Israel Baltimore, Md.									
A A	23. FUNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE									
VS. A15ME 5M 7/59	SOL LEVINSON & BROS INC. 6010 Reist Rd DEC 18'61 Contant & House									
	END THE THOUSE INC. COLOR DE LO VILLE DE LA COLOR DE L									



ARTMENT OF HEALTH



HEALT DEPT. TO EPULY MI. AL EXAMINER: This certificate should be executed within 24 hours after death. The delay is necessary, posse execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the function of the Chief Medical Examiner's Office atom with form PM3. Page 5 may be retained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2, 717 The State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. ATSME

5M 9/60

, 1	MARYLAND STATE DE
X	Division of STATISTICAL RESEARCH AND RECORDS,
FOR STATE	13622 MEDICAL EXAMINER'S

MARYLAND STATE DEPARTMENT OF HEALTH

ivision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

49260

13622 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1=			
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased fived, If institution; Re	sidence before edmission
	Baltimore MARYLAND	e. STATE Maryland b. COUNTY -Re-	ltimore /
-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN [Foulside corporate m'ts, write RURAL and	
4	write RURAL and give nearest town)) As vestati town!
1	d. NAME OF HOSPIFAL OR INSTITUTION (if not In hospita., give street address)	Gwynn Oak 3	11-4-
4	d. NAME OF HOSPITAL OK INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	o. IS RESIDENCE
	York & Dumbarton Roads	3614 Howard Park Avenu	
3.	NAME OF First Middle	Last 4. DATE Month	Dey Year
	Type or printl CHARIES STANTEY	OF DESCRIPTION	
. 5	The state of the s	riconact December	30 19 61
Ĭ	V. MAKRIED X NEVER MARRIED	DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y lest brithday) Months De	
1_	Male White WIDOWED DIVORCED A	pril 9, 1905 56 yrs.	ys nours Min.
10 d	Da USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZE	EN OF WHAT COUNTRY
`	Sales man	D-14: 3.6 1 2	
13	I. FATHER'S NAME	Baltimore, Maryland U.S	S.A
	61 1 77 101	A CONTRACTOR OF THE STREET CONTRACTOR	
11	Charles H. Michael 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IP	Fannie Cross	
0	es, no, or unkown) (Ifyesgivewarordelesofsery ca)	NFORMANT Address	
_	No 216-07-8190 K	athryn A. Michael, 36 14 Howard	J David A
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	war ju Mi-Michael, 50 14 Howard	IMIEKAME RELAKTEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Ca	and decomposition and an array	ONSET AND DEATH
		rulovascular Disease.	
	DUE TO		
	Conditions, if any, which (b)		_
	geve rise to immediate cause (a), stating the underlying DUE TO		
	cause last. (c)		
z	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	VZQOTILA ZAW PL IIA
ΙĔ			PERFORMED?
15	20. EVERNIAL CALIFE MAS.		YES NO I
CERTIFICATION	PRIMARY ☐ or CONTRIBUTING ☐	ster neture of injury in Part I or Part II of Hem 18.)	
1 1	CAUSE OF DEATH.		
S		E OF INJURY (Home, ferm, 20f. (City or lown) (County	(Stete)
MEDICAL		ry, street, office bldg., etc.)	
1	pom. 17 L. L.		
	21. I certify that I took charge of the remains described above, held		and in my opinion
	death resulted from Natural causes . Acdident . Suicid	de Homicide Undetermined manner	
		CHIEF MEDICAL EXAMINER	
	SIGNATURE Charles S. Cotte	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE TO THE STATE OF THE S	DEPUTY MEDICAL EXAMINER	
	Charles S. Petty, M.D.		12/31/61
122	B. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	Address (Street, city, fown, or county)	15
1	REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or country)	(State)
	Burial 1/3/62 Loudon Park C	Lemetery Baltimore, Marylar	ıd
23	S. FUNERAL PRECTOR ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN	
F	Illsworth Armacost-4600Liberty Hghts.	Ave. DATE JAN 3 '62 willer J.	/ Name



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission **COUNTY** b. COUNTY RALTIMORE MARYLAND BALTTMORE b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) and give negreet town) CAPE MAY BENCH CAPE MAY BEECH ₽ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RES DENCE prior ON A FARM? YES NOW KATHERINE AVE Katherine Ave NAME OF Middle DATE Month Day Year DECEASED (Type or print) DEATH 27.1961 SAM MIDDIETON DEC 19 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 8. DATE OF BIRTH 9 AGE (in years IF UNDER TYEAR IF UNDER 24 HRS. est birthday) Months Hours WIDOWED | DIVORCED [Mal e White June YES. 10a. USUAL OCCUPATION [Give kind of work done during most of working life, even if retired) 10b. KIND OF 8USINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Chauffeur Retired Anderson County S.C. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sam Middleton UNKNOWN 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 426 Katherine Avenue 1945 9082 J. Middleton Mrs Frances INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per ling for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if ony, which gove rise to immediate couse DUE TO (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO 20g. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. INVERYOCQUERED (Enter noture of injury in Port I or Port II of item 18) 20b. DESCRIBE HOW 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office blda., etc. While Not while Ø - m of work at work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy []. Inspection II. Inquiry I, and find that death resulted fram: Notural causes Accident . . Suicide | Hamicide | Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE DO ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Special)
Burlal 30 /61 Baltimore National Cem. Baltimore Maryland ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE

arthur & thous

Sander & Sons Inc. Baltimore MD

VS. A15ME(5) 5M 9/55



CERTIFICATE OF DEATH

1 PLACE OF DEATH COUNTY

Baltimore

MARYLAND

Maryland

2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) b. COUNTY c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 RURAL and give nearest town) Raltimore d. NAME OF HOSPITAL (If not in hospital, give street address)

WIDOWED FA

House in the Pines Nursing Home

Woodlawn d STREET ADDRESS

1716 Langford Evad

OF DEATH

Nanticoke, Pennsylvania

e IS RESIDENCE ON A FARM? YES NO F

Year

NAME OF First DECEASED (Type or print) Anna 6. COLOR OR RACE 7 MARRIED NEVER MARRIED

Middle

Mikulski 8 DATE OF BIRTH

9. AGE (In years last birthday)

- 7- 61 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months

during most of working life, even if retired)

DIVORCED | Nov. 13

10a JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State ar foreign country)

12. CITIZEN OF WHAT COUNTRY?

Bourt Order-Cook (Retired 13. FATHER'S NAME

OR INSTITUTION

14. MOTHER'S MAIDEN NAME Unknown

Month

Thomas Stegura

17. INFORMANT IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO.

Address

lying cause tast

Mrs. Dolores A. Moore-1716 Langford Ad. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Canditions, if ony, which gave rise to immediate

couse (a), stoting the under-

DUE TO

TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II of item 18.)

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20d. INJURY OCCURRED While Not while

20e PLACE OF INJURY (Home, farm, , 20f (City ar tawn)

YES INO PA

ONSET AND DEATH

20c. TIME OF INJURY O m. p m.

Doy, Year

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT

DUE TO

foctory, street, office bldg , etc)

ATTENDING PHYS

STAFF PHYS

(State)

22a SIGNATURE

of work of work 21. I certify that (I) (this haspital) attended the deceased from 12-6 ... 1937, to 12-7 ... 1967, that (I) (we) last

MD

saw the deceased alive an 12-7-1921, and that death accurred at 2345 from the causes and an the date stated above

DIRECTOR

22b DATE SIGNED

REMOVAL (Specify)

22c PHYSIC AN'S NAME (Type)

23c NAME OF CEMETERY OR CREMATORY

22d ADDRESS

23d. LOCATION (City, town, or county)

(State)

Buria 24 FUNERAL DIRECTOR'S SIGNATURE

230 BURIAL, CREMATION, 23b DATE THEREOF

ADDRESS

250 REC'D BY REGISTRAR

Penrsyl vania

the funeral should be fi

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attending

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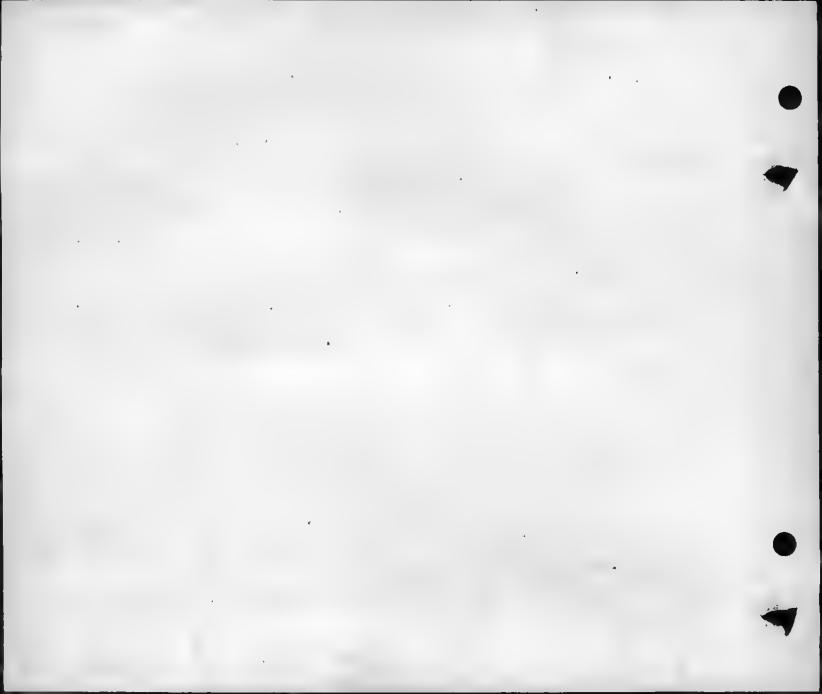
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permit



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		13626		CERTIFIC	ATE OF DEATH	1	Reg. Dist. No. 13604
1	1. PLACE OF DEATH o. COUNTY	Baltimo	re	MARYLAND	II - CTATE	ere deceased lived. If institution yland b. COUNTY	n: Residence before admission) Baltimore
1	b CITY OR TOWN RURAL and give Dun	(If outside carparal nearest town)	le limits, write	c. LENGTH OF STAY IN 16	c city or town (if o	utside corporate limits, write RL	JRAL and give nearest town)
	d NAME OF HOS OR INSTITUTION ROS I	PITAL (If not in hosp 734 Mell	itol, give street o	Road	d. STREET ADDRESS 2841 Robe	rn Avenue	e. IS RESIDENCE ON A FARM YES NO
	3. NAME OF DECEASED (Type or print)	ALICE	First	Middle N	ILLER	4. DATE Mont OF DEATH DO CE	mber 16 19 61
	s. sex Fomalo	6. COLOR OR I	ACE 7. MARR	IED NEVER MARRIED D	B. DATE OF BIRTH NOV. 7,. 188	9. AGE (In years last high highlag)	IF UNDER 1 YEAR IF UNDER 24 HRS Manihs Days Hours Min.
	10a. USUAL OCCUPA during most of w	TION (Give kind af arking life, even if r	wark done 10b. elvedi Housew	KIND OF BUSINESS OR INDU	ISTRY II. BIRTHPLACE (SION) Marylan		U.S.A.
	13. FATHER'S NAME				14 MOTHER'S MAIDEN N		
l		arry Bea	· · · · · · · · · · · · · · · · · · ·			Cassell	
	15 WAS DECEASED E	VER IN U. S ARMED	o FORCES? 16.		informant 's. Alma Ble	ach 2841 Rol	ern Avenue
		PEATH (Enter only of PEATH WAS CAUSED IMMEDIATE CAU	BY:	e for (o), (b), and (c).]	eulan a	ciolent ((VA) INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if	ony, which	(b)				
	gave rise to cause (a), station lying cause las	ng the <u>under-</u>	UE TO				
	PANT 11. C	OTHER SIGNIFICANT		ONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM!	NAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO D
	C (IF EITHER, NOTI	WAS UNDERLYING [NG] CAUSE OF DI FY MEDICAL EXAMI	206. DESC EATH NER)	RIBE HOW INJURY OCCURRI	D. (Enter nature of injury in P	art I or Part II of stem IB.)	
	20c. TIME OF INJ Haur a. n		, Year 20d, IN While at work	Not while lo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.	20f. (City or lown)	(Caunty) (State)
l	21. I certify	that I attended	the decease	ed from DEC	15,1961,10	DEC 16. 1961	,that I last saw the deceased
ı	alive an	DEC	15.196	, and that death			nd an the date stated above.
	ACTUAL SIGNATURE	Trona	not h	2. Zello	MD 7538	ADDRESS (Street, city or tawn, s	RD AU-12-18-6
	PHYSICIAN'S NAME (Type)	LEON	ARD	M. ZUL	LO BA	LTO. 22,1	MD.
I	22g. BURIAL, CREMAT	ION, 22b, DATE TH			OR CREMATORY	22d LOCATION (City, lawn, o	
	Bulla 1 Speci	" 12-19	9-1961	Schwartz Ce	meterv	O'Donnell St	Md .

24b. REGISTRAR'S SIGNATURE

1. 7 8 Kaux

24a. REC'D BY REGISTRAR

DATE_C 2 1 161

ADDRESS

JOHN J. DUDA 7922 Wise Ave. 22, Md.

in by the funeral director, and 2 should be filed with NDING PHYSICIAN: The law requires that the death certificate be executed within DE TRAL DIRECT. After this certificate has been signed by the ottending physician and campletely the page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Page the registrar prior to burial, crematian, or ====val, and in any event ==thin 72 hours after death. TO F

VS A15 (4) 15M 10/57 23. FUNERAL DIRECTOR'S SIGNATURE



		DIVISION OF STATISTICAL RESEARCE	H AND RECORDS,		BALTIMORE 1, MA	RYLAND
		13627	CEKTIFICATE	OF DEATH		12002
V)		PLACE OF DEATH L. COUNTY Baltimore	MARYLAND	a. STATE Maryland	eased fived, If institution, Resi b. COUNTY	derice before admiss on)
ン		CITY OR TOWN (1 outside corporate limits.	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpor	rata limits, write RURAL and g	ive nearest fown)
	_	write RURAL and give nearest town) Owings Mills I. NAME OF HOSPITAL OR INSTITUTION (if not in hospital)	5 yrs.	Baltimore d. STREET ADDRESS	2 1	To, IS RESIDENCE
2					n Arra	ON A FARM?
		Rosewood State Train	Middle	3012 Seamon		Day Year
	l	TH CHACL	icker)	Mills DEATH	apriles a	19 61
	10a	Male Negro WIDOWED USUA OCCUPATION (Gyes I nd of work 1106 KIND	DIVORCED	DATE OF BIRTH 9 4/10/44 11 B RTHPLACE (County & State, or for	AGE (In years IF UNDER 1 YE last birthday) Months Day 7 yrs. 12 CITIZE.	ys Hours Min.
	do	e during most of working life, even if retired) dependent FATHER'S NAME	none	Baltimore, Mar		J.S.A
	15. (Ye	George Mills WAS DECEASED EVER IN U.S. ARMED FÖRCES? 16. SOC	IAL SECURITY NO. 17. IN	Virginia Rose	Address	-
	- 9	18. CRUSE OF DEATH [Enter only one cause per line for	or (a) this and (a) ?	Rosewood Recor	ds, Owings Mil	LIS, Md.
		DART I DOATH WAS CAUSED BY	/	VEUMONIA.		UNTOW
		(a), stating the underlying DUE TO		reptococci present		
2	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE SIGNIFICANT CONDITIONS CONTRIBUTED TO THE SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI	the Quadre	RELATED TO THE TERMINAL DISEASE CO	ilessy	19. WAS AUTOPSY PERFORMED? YES NO
	MERCAL	20c. TIME OF INJURY Month, Day, Year 20d. INJU While p.m. 19 at work		E OF INJURY (Homa, Farm, 20f. (City ory, streat, office bldg., etc.)	or town) (County) (State)
		21. I certify that (1) (this hospital) attended	the deceased from	10/1 , 19.56 10	12/11, 19.6.	, that (+) (we) las
		saw the deceased alive on 12/11.	1961 and that	death occured all: 20 porm	the causes and on the	
,		Jany G. Butte	MI MI	ATTENDING MED. PHYS. DIRECTOR DIRECTOR DIRECTOR	STAFF PHYS.	12/12/6
1		NAME (Type Harry G. Butler	, M.D.	Rosewood Lan	e, Owings Mil	ls, Marylan
		REMOVAL (Spacify)	MH, AUBUR	IN BALT	TION (City, town or county) IMORE, MO	(State)
	24	Marshall W.	ADDRESS 1735	258. REC'D BY REGISTR DATE DEC 1 8 '61	Carling S. 4	
			, ,	- 4606		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

12000

CEDTICICATE OF DEATH

(Thon S. Time

DATE DEC 2 7 '61

_	10020 CERTIFICATE OF DEATH	10000
1.	PLACE OF DEATH a. COUNTY Bal Line Care MARYLAND 2 USUAL RESIDENCE [Where deceased lived. If institution Regidence of STATE Transfer County by Cou	before admission)
/	b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If butside carporate limits, write RURAL and girl RURAL) and girl School Scho	ve nearest tawn)
	d. NAME OF HOSPITAL (If nation haspital, give street address) OR INSTITUTION Sherward Road Sherward Read	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) This philas Orlando mismich Death December	25 '96/
S.	MAKKIED IN INCHES WINGERIED	YEAR IF UNDER 24 HRS. Days Haurs Min.
10	a. USJAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired) Manual Stene Culture Cockeysville, Balt Co.	EN OF WHAT COUNTRY?
13	FATHER'S NAME Tokus MINNICH: 14. MOTHER'S MAIDEN NAME WILLIAM Chler	. , ,
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 215-05-8156 Wife - Mary A -Sac	me
	PART I. DEATH WAS CAUSED BY Cardise for (a), (b), and (c)] failure	INTERVAL BETWEEN ONSET AND DEATH 3 YEARS
	Canditions, if any, which) but I then selectic Cardio Cascular designe.	yeus
	gave rise to immediate cause (a), stating the <u>under-land</u> DUE TO Lying cause last.	
CATION		1(a) 19 WAS AUTOPSY PERFORMED? YES NO
L CERTIF		
MEDICA	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Haur a. m. p. m. 19 19 20d INJURY OCCURRED Tacket of INJURY (Home, farm, 20f (City ar tawn) (Calculation) (Ca	ounty) (State)
l	21. I certify that (I) (this haspital) attended the deceased fram 1952 to 1952 to 1952 saw the deceased alive on the causes and on the	that (I) (we) last
	220 SIGNATURE ATTENDING M.D. PHYS. M.D. PHYS. M.D. PHYS. MED DIRECTOR PHYS 2 5 2	226 DATE SIGNED
	22c PHYSICIAN'S NAME (Type) Walter T. 13EES 22d. ADDRESS Cockey Swilli,)210	ryland
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. (OCATION (City, town, or county)	(State)
L	Burial 12-28-61 Poplar Grove Cockeysville, M	
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25g. RFC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	NATURE

Brooks Funeral Service, Towson4, Md.

DING PHYSICIAN: The low requires that the death certificate be executed within be retained it hospitol ar ottending physician.

**NERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely page 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon papers Pages the State Board of Health prior to buriol, cremotion, or removal, and in any event, within 72 fhours After de

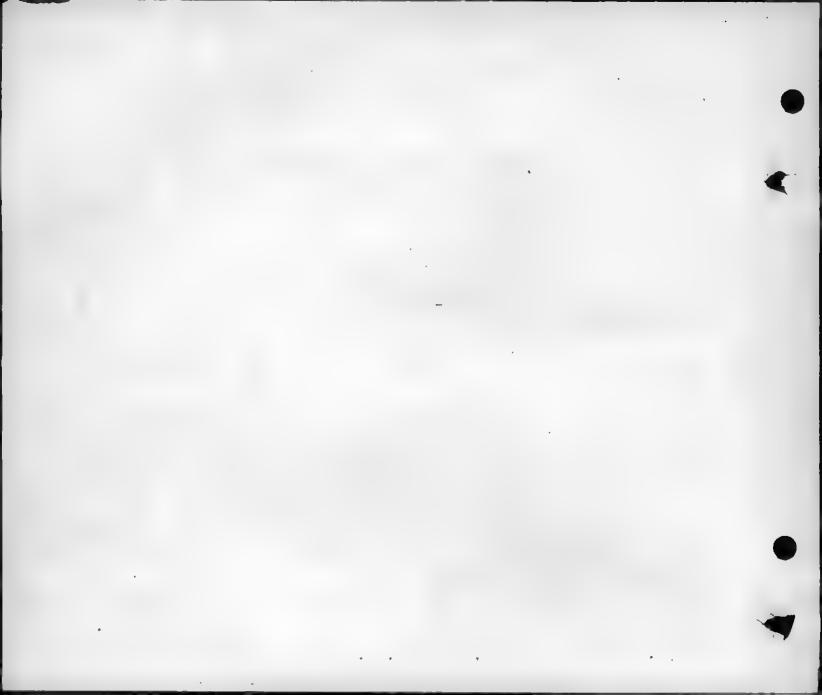
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in by the funeral director, and 2 should be filed with

Poges 1 and er death

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VR A15 [4] 15M 9/60 70

MARYLAND STATE DEPARTMENT OF HEALTH						
DIVISION OF STATISTICAL RES	EARCH AND RECORDS,	301 W. PRESTON S	STREET, BALTIMORE 1, MAR	3607		
ACE OF DEATH			(Whara dacaesed livad, If institution, Reside	ance bafora edmiss on)		
Baltimore	MARYLAND	e. State Md .	b. COUNTY	ه سد سم		

М	PLACE OF DEATH COUNTY		e. STATE	ara dacaesed livad, if institution b. COUNTY	Residence bafora edmiss on	
П	Baltimore	MARYLAND	Md.	D. COOK!	,	
		GTH OF STAY IN 16	c. CITY OR TOWN (If outs de	corporeta imits, we te RURAL e	nd g ve naarast town)	
ye.	d. NAME OF HOSP TAL OR INSTITUTION (if not in hospite, g v	e street address]	Baltimo:	re	. IS RESIDENCE	
	Towson Convalescent Homas Name of Deceased (Type or print)		215 GOOG		ON A FARM? YES NO TO	
	5. SEX 6. COLOR OR RACE 7. MARR.ED NE W WIDOWED K	G. Moh	lhenrich Date of BIRTH June 23,1870	9. AGE (In years IF UNDER last birthday) Months	1 19 61 R 1 YEAR IF UNDER 24 HRS. Deys Hours Min.	
	10s. USUAL OCCUPATION (GIVS kind of work 10b. KIND OF B done during most of working life, aven if retired)	USINESS OR INDUSTR			itizen of what co untry? U SA •	
	13. FATHER'S NAME	-	14. MOTHER'S MAIDEN NAME	- Addison - White		
)	Theodore Griesman 15. WAS DECEASED EVER IN U.S. ARMED FORCES', 16. SOCIAL (Yes, no, or unkown), ((Fyes giva wer or daise of servica)	SECURITY NO 17,	Kuniganda	Kroll Address	_	
	(199) 110, or discours, (1993) 174 Wolf of dates of 24 Vice)	Mr	s. T. Russell	Hicks A A	bove	
	18. CRUSE OF DEATH (Enter only one cause or the for (e PART I. DEATH WAS CAJSED BY, IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause (e), stating the underlying cause last. (c)	elucative	Cardio VASCU	lar Hisease	INTERVAL BETWEEN ONSET AND DEATH	
			OT RELATED TO THE TERMINAL D SE		RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
-			CE OF INJURY (Homa, farm, 20f, lory, streat, offica bldg., etc.)	(City or town) (Ci	ounty) (Steta)	
	saw the deceased alive on	deceased from.	NOV 23 196/, death occured 1 30/M,		9.6/., that (I) (we)-last the date stated above.	
1	22c. PHYSICIAN'S NAME (Type) LAURENCE	fort "	ATTENDING MED. PHYS. 224 ADDRESS 6 8 0 1 46	orh Rdi-k	12/2/61 SIGNED SIGNED MG	· ·
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. N	NAME OF CEMETERY	OR CREMATORY 3d.	LOCATION (City, Town or cou	nty) (Steta)	
	Burial 12-4-61 Bal	timore -		ltimore		
	24 101121212 2 2112212 2 2 2 2 2 2 2 2 2 2	ADDRESS		REGISTRAR 256 REGISTRAR		
	H.W. Jenkins & Sons Co.4905	O TOLK KO	DELTO DATALC 5	161 1 c : 207 &	Throne	



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physicin 췹 permit. has been signed burial-transit attending physician ō oched DIRECT

MEDICAL

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 6. COUNTY b. COUNTY Baltimore Maryland MARYLAND Harford b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Catorsville davs Abington, Maryland d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? R. J. #1 - Box 122 YES NO ! SPRING GROVE: STATE. HOSPITAL. 4. DATE OF DEATH NAME OF First Middle Month Year DECEASED (Type or print) Frank Keithlev Moore December 19 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF RIPTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Months white Nov. 7, 1879 82 male DIVORCED | WIDOWED T yrs. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if refired) Agriculture Maryland U. S. A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME LAUVA KEithley ElliAh J. B. MOOFE unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT NONE SPRING no Records . STATE unk--own GROVE HOSPI PAL CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Cardiac failure IMMEDIATE CAUSE (o) DUE TO Arteriosclerotic cardiovascular disease Conditions, if ony, which (b) gove rise to immediate DUE TO cause (a), stating the underlying couse lost Generalized arteriosclerosis PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 PERFORMED? YES NO TH 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c TIME OF INJURY 20e PLACE OF INJURY (Home farm, 20f. (City or town) Doy, Yeor 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o m. Not while of work of work Dec. 12 19 61, that (1) (we) last 21 I certify that 30 (this hospital) attended the deceased fram. Dec. 11 saw the deceased alive an Dec. 12 1961, and that death accurred at M, from the causes and an the date stated above. 22o. SIGNATURE 22b DATE SIGNED ATTENDING 22c. PHYSICIAN'S 22d. ADDRESS STATE HOSPITAL NAME (Type) Stella Wachster, L. Catonsville 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Union ChApel Meth. CEM. Dec. 15, 1961 JOPPA1 Burgal 25b. REGISTRAR'S SIGNATURE 24, FUNERAL DIRECTOR'S SIGNATURE W. Brandway + Williams & 25° REC'D BY REGISTRAR

34 Homenan



VR A15 (4)

15M 9/60 .

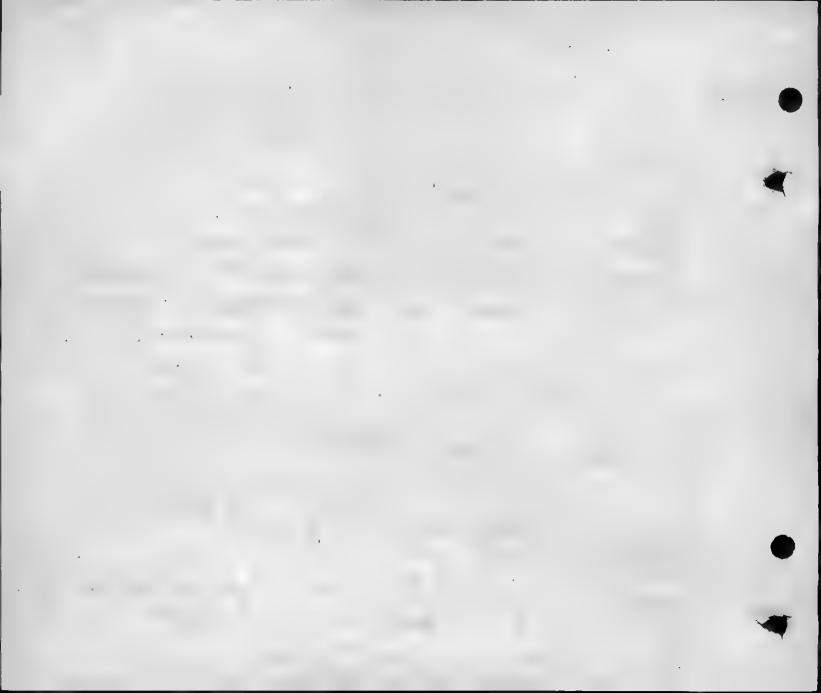
24 FLUMERAL DIRECTOR'S SIGNATUR

STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. C.TY OR TOWN If outs de corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 write RURAL and give neerast town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) I . IS RESIDENCE ON A FARM? YES NO A 3. NAME OF Middle DECEASED (Typa or print) DEATH 6. COLOR OR RACE 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF JNDER 24 HRS. 7. MARRIED [NEVER MARRIED [Jast birthday) | Months Days | Hours male 1Da JSUAL OCCUPATION (GIVE kind of wor) 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retail 13. FATHER'S NAME WAS DECEASED EVE N U.S. ARMED FORCES? (Yas, no, or unkown) (If yas giva war or dates of service 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava rise to immediate ceusa **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 20a ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED [Enter natura of injury in Part I or Part II of fam 18] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Month, Day, Yeary 2Dd INJURY OCCURRED 2Da. PLACE OF INJURY (Homa, farm, ; 2Df. (City or lown) 20c. TIME OF INJURY (County) (State) factory_straet, offica bidg., atc.) Wh la Nor While Hour a.m. at work T at work tify that (1) (this hosp t) aftended the deceased from ., and that death occurred ato. deceased alive on .M. from the causes and on the date stated above ATTENDING PHYS. DIRECTOR PHYS. M.D. 22d 22c. PHYSICIAN'S 234 BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Spacify)

25s.

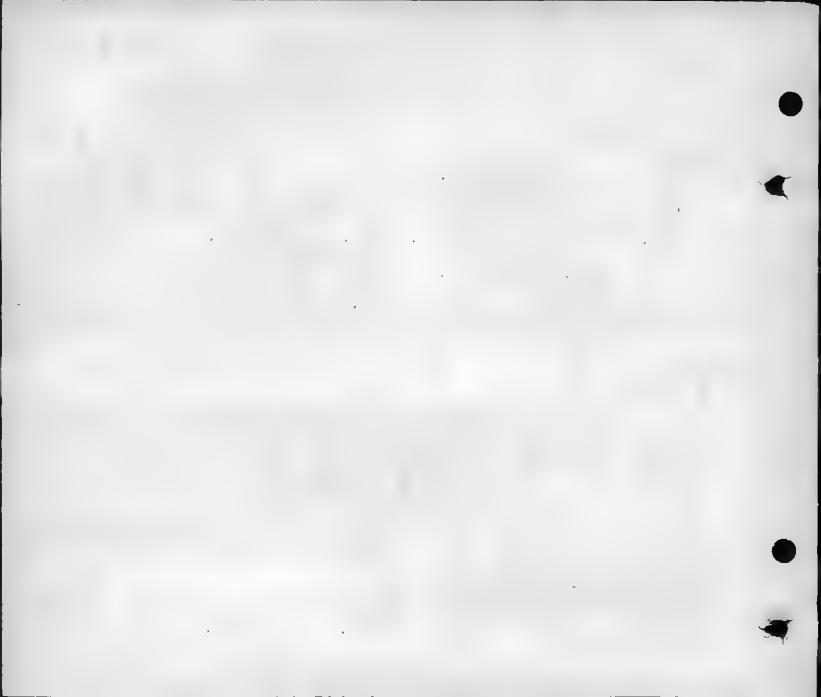
REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE

arthur S. Flenca



13632 **CERTIFICATE OF DEATH** PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed a. STATE b. COUNTY MARYLAND Baltimore Marvland b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAS and give negrest lown) 8 RURAL and give negrest tawn) pluods Baltimore City Rd. STREET ADDRESS d NAME OF HOSPITAL (If not in hospital, give treet address)
OR INSTITUTION Register Ave &
Armacost Nursing Home è e. IS RESIDENCE Sherwood Homeland Avenue YES NO NAME OF First Middle 4. DATE Manth Year DECEASED OF DEATH 12/12/61 (Type or print) AUGUSTA MULLIN 19 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Davi Hours complete WIDOWED IX DIVORCED | Female 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Harford Co. Union Mem. Hospt. Reg. Nurse 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary C. Wright John P. Webster, Sr. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO. 17. INFORMANT Address Miss. Kathleen Scriven-415 Homeland Ave. nο 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 111202. 3 ,2200 DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying cause last. burial-transit CATION PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1161 19. WAS AUTOPSY PERFORMED? YES NO S 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, Doy, Year 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o.m. Not white. While at work ot work . 196-0. to 12 - 12 , 19/1, that I last saw the deceased 21. I certify that I attended the deceased from, , and that-death occurred at 10 13PM, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTURE SIGNATURE Ja CSt PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Cathedral Balto. FUNÉRAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR DATEDEC 1 9 '61 AVE &

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Setely filled in by the funeral apers. Pages 1 and 2 should after TOSPITAL C. TTENDING PHYTICIAN: The law requires the fleath certificate be executed within 24 th. Page 4 m. retained by the hospital or attending physician.

C. TUNERAL DIRECTOR: After this certificate has been signed by the attending physician and conversely filled in be director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 is be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours atjusted. O VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND12022 CERTIFICATE OF DEATH
13611

I. PLACE OF BEATH - JUJO	
a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission)
Baltimore MARYLAND	e. state Maryland b. county
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerast fown)
write RURAL and give nearest town) Fort Howard 169 days	X Baltimore -6
Fort Howard 169 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS
Veterans Administration Hospital	7928 Gilmor Ave.
3. NAME OF first Middle	Last 4 DATE Month Dey Year
(Type or print) MARTTM C. III	RRAY, Sr. December 30 1961
	DATE OF BIRTH 9. AGE (In years) F UNDER 1 YEAR IF UNDER 24 HRS.
TA A A A A A A A A A A A A A A A A A A	71 ast birthday) Months Days Hours Min.
Finle White WIDOWED DIVORCED 2	/13/01 14 yrs.
10a. USLAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	
Sheet Retal Worker Roofing Industry	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles J. Murray	Catherine Hannigan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 11	
	timore 18, Maryland-FORT HOWARD DIVISION
18. CAUSE OF DEATH [Enter only one ceuse per line for (e). (b), end (c).]	INTERVAL BETWEEN
	ONSET AND DEATH
IMMEDIATE CAUSE (6) DOUBLING CARTOO	NOMA, LEFT UPPER LOBE BRC CHUS
DUE TO LICH LOUAL ID LAS	S. A. S
Conditions, If any, which (b)	
geve rise to immediate couse DUE TO	
(a), steting the underlying couse lest.	
PART H. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
[0]	PERFORMED?
Arteriosclerosis, general 20a Acc deny was under y.ng 20b. describe how injury occured. OR CONTRIBUTING CAUSE OF DEATH OF FITHER, NOTIFY MEDICAL EXAMINER.	(Enter neture of in,ury in Pert Lor Pert II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH	(Enter religio di mi,dif in reni (di rei: ii di nem 19.)
	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
Hour a.m. While Not While fector p.m. 19 et work et work	
21. I certify that () (this hospital) attended the deceased from	July 141961, to Dec30, 1961, that (1) (we) last
saw the deceased alive on Dec. 30 19.61, and that	death occured at A.M. from the causes and on the date stated above.
22a SIGNATURE	22h. DATE
1 Dans	ATTENDING MED. STAFF 12/30/61 GIGNED
22c. PHYSICIAN'S	22d. ADDRESS
MAME (Tupo)	
	VAH Balto 1δ, Md. Fort Howard Division
236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY C	
Purial 1-4-62 Baltimore Nati	onal Cemetery Baltimore Maryland
24 FUNERAL DIRECTOR'S SIGNATURE 1211 ADDRESS 200 AV	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Cvach Funeral Home Baltimore, Kary	Tand DATEIAN 3 '62 Conner & Thomas
	The state of the s



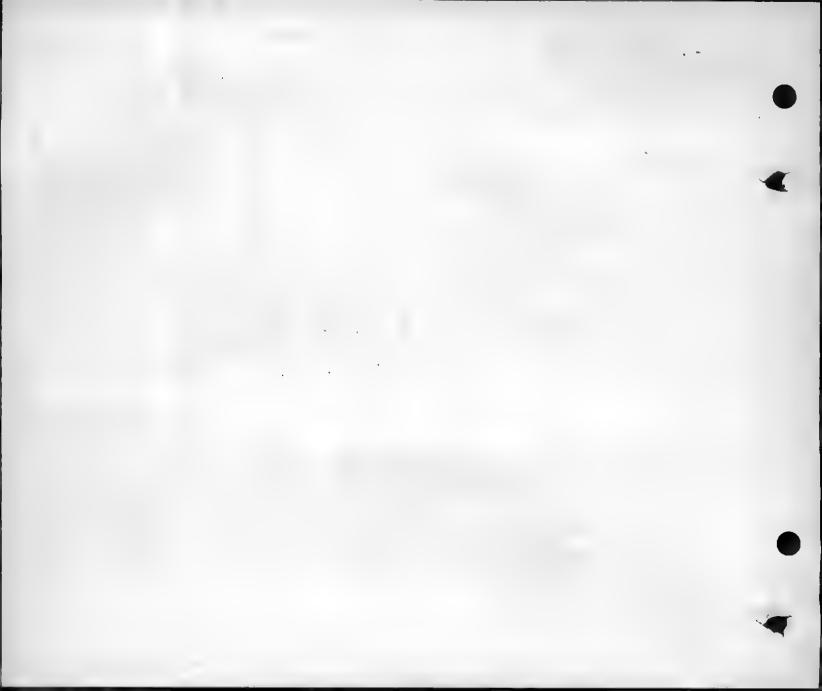
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

,		13634	CERTIFIC	ATE OF DEATH	1	Reg. Dist	NºOCAO
ġ	1	PLACE OF DEATH BALTIMOR	MARYLAND	2. USUAL RESIDENCE (Who a. STATE		If institution: Residence COUNTY	e before odmission)
•		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) ARNEY	c. LENGTH OF STAY IN 16 49 YEARS	c. CITY OR TOWN (IF o	ARNE	its, write RURAL and gr	ve nearest town)
/		d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS	EAST	Ave	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED Trinty ANCI.	Middle	Myezs	4. DATE OF DEATH	Dec	Day Yeor /6 19 6/
)		F N widow		B. DATE OF BIRTH	-6 10st	birthday) Months (YEAR IF UNDER 24 HRS Days Hours Min
		a. USUAL OCCUPATION (Give kind of work done libb. during most of working life, even if retired)	Homes	STRY 11, PIRTHPLACE (State	,	12. CITIZ	EN OF WHAT COUNTRY?
	13.	Ben Jamin T.	Myers	14. MOTHER'S MAIDEN N	IAME	FIFER	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (If yes give wor or dates of service)	SOCIAL SECURITY NO.	MARGARET	- M 1	Address	SAME
		18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420, / DUE TO	ne for (a) (b), and (c)	Cotona	Ocal	usion.	ONSET AND OFATH
		Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost. (c)	Glivere	elizedly	rerro	Selevono	5 yrs
)	CATION	PART II OTHER SIGN FICANT CONDITIONS	CONTR BUTING TO DEATH BU	NOT RELATED TO THE TERMI	nal disease cont	DITION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED? YES NO
	CERTIF	20d ACCIDENT WAS UNDERLYING TO DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY COURSE	D (Enter nature of injury in I	Port I ar Port II of it	tem 18)	
	MED.CAL	20c. TIME OF INJURY Month, Day Year 20d I Haur o. m. 19 While p. m. 19	Not while fo	ACE OF INJURY (Home, form ctary, street, effice bidg, ex	, 20f (City or tow	n) (Co	ounty) (State)
		21. I certify that I attended the deceas	ed from. 1/46 B. 1. and that death	pecurred at A	M, from the co		t saw the deceased date stated abave.
		ACTUAL SIGNATURE TO ENERGY.	Karik /		ADDRESS (Street, ci	ty or town, stote) 4R Fon 1	Rd 12/18/0
		PHYSICIAN'S FRANK TIT	45,K	B_{\prime}	ALTIMO.	ze 14	ML
	220	REMOVAL (Specify) 22b. DATE THEREOF	22c. NAME OF CEMETERY C	R CREMATORY	22d. LOCATION (C	ity, town, or county)	(State)
	23.	FUNERAL DIRECTOR'S SIGNATURE C. F. EVANS + SON	8802 HAR		D BY REGISTRAR DFC 2 U '61	24b. REGISTRAR'S SIG	

TO MSPITAL OR A DING PHYSICIAN: The law requires that the death certificate be executed within 34 haurs after dege 4 per retained by hospital and attenting physician.

TO NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely ed in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the registror prior to burial, cremotian, ar removal, and in any event within 72 hours ofter death. DING PHYSICIAN: The law requires that the death certificate be executed within 34 hours after d

VS A15 (4) 15M 9/5B



256 REGISTRAR'S SIGNATURE

curling S. Huma

2So REC'D BY REGISTRAR

VR A1S (4) 15M 9/S9

24 FUNERAL DIRECTOR'S SIGNATURE

John



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

L		13636		CERT	IFIC.	ATE OF	DEATH	1		Reg. D	ist#N6	161	1
1.	PLACE OF DEATH o. COUNTY Balt	imore		MAR	YLAND	CTATE	laryla		l lived. If instite b. COUN	olion, Reside	imo	re odmiss	ion)
Г	b. CITY OR TOWN (IF RURAL and give ne Dund	outside corporate limi arest town)	ts, write	c. LENGTH OF STATE		1	o all Mwot		rote limits, write	RURAL ond	give nec	aresi town)
	A NAME OF HOSPITA	oodland	ive street of Avenu	ddraer)	5	d STREET	ADDRESS		22) d Aven	ue		e, IS RES ON A YES 🗂	IDENCE FARM? NO 🔀
3.	NAME OF DECEASED (Type or print)	ANNA ANNA	st	Middl +++		VAROWAN	SKI	4. DATE OF DEATH	_	onth ember	25		(nor
Ε.	sex Cemale	6. COLOR OR RACE white	7. MARRI	ED NEVER MARR		B. DATE OF BIR		93	9. AGE (In year lost birthdoy				
100	USUAL OCCUPATIO during most of works Housew	ing life, even if refired	done 10b. I	CIND OF BUSINESS	OR INDU	_	SSIA	or foreign co	ountry)		S.S		COUNTRY
13.	FATHER'S NAME					14. MOTHER		AME			265	921.0	
	?	?? Sered:	ich					Unkne	OWD				
15.	WAS DECEASED EVER	IN IL S ARMED FOR	CES2 14 9	OCIAL SECURITY NO	0. 17. 1	NFORMANT		OTIZZE		ddress			
	i o or unknown)	I yes, give war or dates of s	******2(0-09-579	24	Feodor	Naro	wansl	ki	same	as	#2	
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	11	for (o). (b). and (c)):] ~~	(01.	dis	المسر ع			INTI	RVAL BE	TWEEN DEATH
	Conditions, if on	y, which) (b	}	J *								,	
	Lying couse lost.	he <u>under</u> DUE TO)										
CERTIFICATION		ER SIGNIFICANT CON								SIVEN IN PAI	RT 1(o) 1	PERFO	NUTOPSY RMED? NO 🔀
CERTIF	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DESC	RIBE HOW INJURY O	OCCURRE	D. (Enter noture	of injury in P	ort I or Port	II of ilem 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m	Month, Doy, Yes		Not while of work	20e. PL fo	ACE OF INJURY clory, street, office	(Home, form, te bldg , etc.)	20f (City	or town)	(County)		(State)
	21. I certify the	at 1 attended the	decease	d from		19.23	£, lo	(DK.C	15, 196	L.,that I	last so	w the	deceased
	alive anA	De. 5	, 12_6	day, and tha	t death	occurred at	11:15	BM, fram	the causes	and an t	he da	te state	d abave
		10.11 . 18	n	e le	É	41			reel, city or tow	*		DA	TE SIGNED
	SIGNATURE	DAMM C	11/1	otherio		MD. 6714	Hola	bird	Avenue	<u> </u>		12/	26/6
		ephen C.		rowiak,M	.D.	Balt	imore	22,1	Maryla	nd			
224	P. BURIAL, CREMATION REMOVAL (Specify) Burial	12/29/		Oak Lat		emeter			ion (City, town		and	(Stote)
	funeral director's lalter Br		dley,	ADDRESS Inc., Du	ndal	k 22,M	240. REC'D	EC 2 8		GISTRAR'S SI	GNATU		
<u> </u>				-			1 2						

TO HOSPITAL OR AZENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 be retained hospital or attending physician.

TO INERAL DIRECTOR. After this certificate has been signed by the ottending physician and complete had in by the factor, a should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the registror prior to burial, cremation, or remayol, and in any event within 72 hours ofter death. VS A15 (4) 15M 9/55



PROSPITAL C FIENDING PHYSICIAN: The law requires that the death certificate be related within 2, the Page 4 may be retained by the hospital or aftending physician.

C FUNERAL DIRECTOR: After this certificate has been signiled by the attending physician and a prely filled in 1 llm director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 director, page 3 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death. TENDING PHYSICIAN: The law requires that the death certificate be

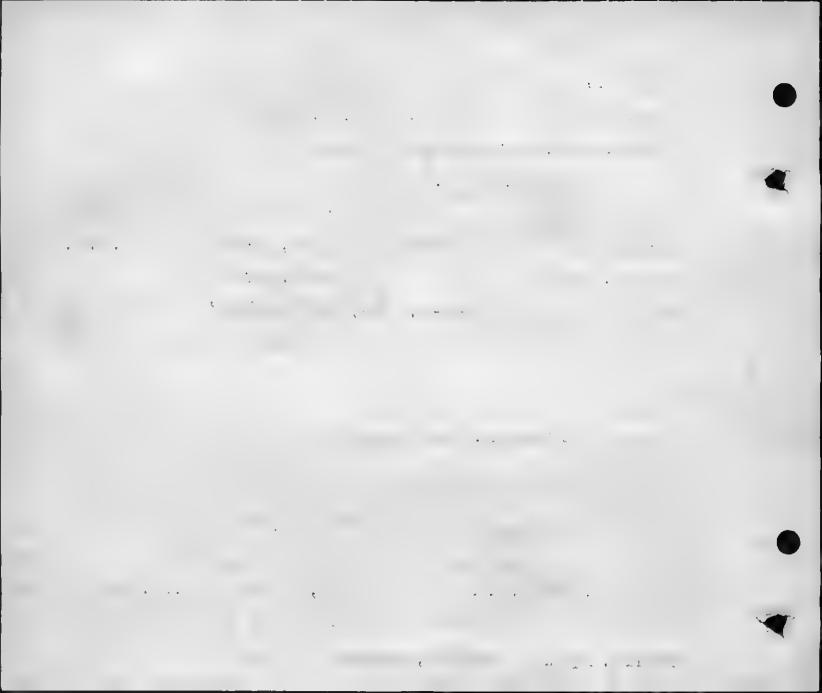
> VR A15 (4) 15M 9/60

funeral 2 should

after

ted within 2

MARYLAND STATE DE	PARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS,	301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
13637 CERTIFICATE	
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Baltimore Maryland	Maryland b. COUNTY Dec 14
b, City OR TOWN (if outside corporate limits.	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
writa RURAL and give nearest lown] Fort Howard 119 Days	Reisterstown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
	Maryland YES NO 1
Veterans Administration Hospital 3. NAME OF First Maddle	Last 4. DATE Month Day Year
(Type or punt)	OF
CLARENCE A	NASH December 6 5 1961 Date Of Birth 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
7. MAKKIED X NEVER MAKKIED	last birthday) Months Days Hours , M.n.
Male White WIDOWED DIVORCED OC. 10a. LSJAL OCCUPATION (Give kind of work 10b. KIND OF BUS NESS OR INDUSTR	tober 9,1892 69 yrs.
dona during most of working life, even if retired)	· ·
Carpenter Construction	Trenton, Maryland U. S. A.
TO PARTIE & PROJECT	IN, MOTHER S MOINTER INDIV
George A. Nash 15. WAS DECEASED EVER IN U.S. ARMED FORCES? LIG SOCIAL SECURITY NO. 17. II	Mattie G. Gill
	inical Records, VAH, Baltimore 18, Maryland
_YesWW_T. 2.5-0.1-03/0 For	rt. Howard Division
TB. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) CARCINOMA OF LUNG	S WITH METASTASES UNKNOWN
163X DUE TO	
Conditions, if any, which (b)	
gave risa to Immadiata causa (a), stating tha undarlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Urinary tract infection. Bronchopneus 20e. ACC.DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURED. 1 OR CONTRIBUTING CAUSE OF DEATH 1 IF EITHER, NOTIFY MEDICAL EXAMINER	No. 17
200. ACCIDENT WAS UNDERLYING _ 200 DESCRIBE HOW INJURY OCCURED.	(Enter natura of injury in Part I or Part II of itam 18.)
	CE OF INJURY (Homa, farm, 20f. (City or lown) (County) (Stata)
Hour a.m. While Not While factor at work at work	ory, street, office bldg., atc.)
	Associated 8 19 61 to December 5 19 61 that (N (we) last
21. Certify margin (mis nospital) and the deceased noming	August 8 1961 to December 5 1961 that (N (we) last death occurred at 5
22a. SIGNATURE	22b. DATE
	ATTENDING MED. STAFF
22c. PHYSICIAN'S	D. PHYS. DIRECTOR PHYS. EN
TRUTNG FREEMAN, M.D.	VAH. BALTIMORE 18,MD.,FT.HOWARD DIVISION
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
REMOVAL (Specify) 12-9-196/ Grace Method:	and the second second second
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	a last Call & thank
Fdward C. Tipton Hampstead, Maryl	and DATE DEC 1 '61 Could 2, Total



VR A15 (4) 15M 9/60 *

****	TRIBAIN SIALE DEL ARIMENT VI III	
DIVISION OF STATISTICAL RE	SEARCH AND RECORDS, 301 W. PRESTON STR	EET, BALTIMORE 1, MARYLAND
13630	CERTIFICATE OF DEATH	400

1. 43638	CERTIFICATE	OF DEAT	nl .	12616
1. PLACE OF DEATH a. COUNTY	11		NCE (Where deceased lived, If institut	tion; Residence before adm (Ston)
Baltimore	MARYLAND	o. State Mary.	b. COUNTY	· · ·
b. CITY OR TOWN (f outside corporete I mits, c.	LENGTH OF STAY N 16		(If outside corporate limits, write RUR/	AL and give nearest lown)
write RURAL and give neerest town) Fort Howard	2 Desc	Relt:	imore	- 1:4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital	3 Days	d STREET ADDRESS		I . IS RESIDENCE
Veterans Administration Ho		Older	M-0-13-1-01	YES NO
3. NAME OF First	Middle	2447	McCulloh Street	Dev Year
DECEASED			DEATH December	16 1961
WILLLAM	L	NASH DATE OF BIRTH	9 AGE (In yeers) IF UN	
MAKKIEU Z	I LATA TE WENTER TO		last birthday) Mon	
		lay 9, 1914	unity & State, or foreign country) 12	2. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	OF BUSINESS ON INDUSTRE			
COOK 13. FATHER'S NAME		Catawba,	South Carolina	USA _
13. FAIRER 3 NAME		14. MOTHER 5 MAIDER	(NAME	
Thomas Nash		Sadie Jos		_
(Yas, no, or unkown) (Ifyes give we rordet as of service)	CAL SECURITY NO. 17. IN		rds, VAH Ft Howard	Division
Yes WW II 197	'-03-6200 Baj	timore 18,	Maryland	
18. CAUSE OF DEATH Enter only one cause per line PART I, DEATH WAS CAUSED BY;	or (e), (b), end (c)			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (6) PNEUM	IONIA		see t	6 days
TY2 X DUE TO				
Conditions, if any, which (b)				wale-stress
gave rise to immediate cause (a), stating the underlying DJE TO				
cause lest. (c)				
PART II. OTHER S GNIFICANT CONDIT ONS CONTRI	BUT NG TO DEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN	PART 1(e) 19. WAS AUTOPSY PERFORMED?
5 Diabets Mellitus; Laenned	's Cirrhosis;	Delerium !	Fremens	YES NO X
Diabets Mellitus; Laenned OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR FITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURED.	(Enter nature of injury in	Pert I or Pert II of item 18.)	
G (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Day, Yeer 20d. INJU		E OF INJURY (Home, ferry, streat, office bldg., el	rm, 20f. (City or lown)	(County) (State)
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY Hour a.m. 29m. 19 el work	Not While facto	ry, sireal, office blug., el	G. J	
21. I certify that (this hospital) attended	the deceased from I	December 13	1961 toDecember 16	5 19.61 that (N (we) last
saw the deceased alive on December 1	6 1961 and that	death occured al	M. from the causes and	on the date stated above.
22a, SIGNATURE	11177 1117 011-00 111-01	-		22b, DATE
John D. Jalbert	3019 MI	ATTENDING PHYS.	DIRECTOR PHYS.	12/18/61
22cm MYSICIAN'S	Will Comment of the C	22d ADDRESS		. '- '-
	hief, Medical	Bervice W	AH Balto 18, Md.,	Ft Howard Div
	LE NAME OF CEMETERY C		23d. LOCATION (City, town or	
DEMOVAL (Specify) 6 -71	Baltimore Nat:	onal Cemete	ery Baltimore, Ma	arvland
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		EC'D BY REGISTRAR 256. REGISTRA	AR'S SIGNATURE
		DADE	C 2 9 '61 Outher.	2 thous
Elroy O. Wilson 1000 Brantle	y Ave Balto -	L/, Md		

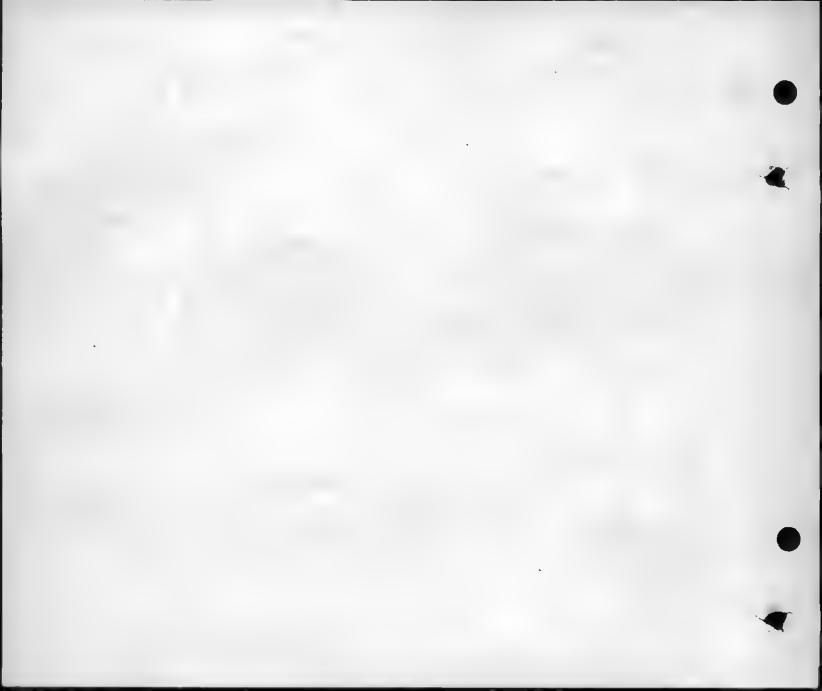


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	13639	CERTIFIC	ATE OF DEATH	l .	Reg	4.36	17	,
	PLACE OF DEATH Baltimore	MARYLAND	2 USUAL RESIDENCE (WHO O. STATE Maryla			sidence befor ltimor		ion)
	b. CITY OR TOWN (If autside corporale limits, write RURAL and give nearest town) Dundalk	c LENGTH OF STAY IN 16	CITY OR TOWN (IF o		nits, write RURAL	and give nec	rest law	٦)
	d NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION 113 Woodland 1		d STREET ADDRESS	odland A	7e.			FARM?
	NAME OF First DECEASED (Type or print) STEPHEN	Midale N	Last EWETHY	4. DATE OF DEATH DE	Month ecember	Do 9	*	Yeor 1 :61
	6. COLOR OF RACE 7. MAR ale White WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	April 24, 189	2 9. AG	E (In years IF UI birthday) yrs.	NDER 1 YEAR 1ths Days	Hours	Min
100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Be	kind of Business or IND ethlehem Steel	· ·	or foreign country)	12	U.S.A		OUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME				
	Tatoman John N	lemethy	I to mic	. Nina F	lisinger			
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. no. or unknown) [Il yes, give wor or doise of service)	SOCIAL SECURITY NO.	INFORMANT		Address			
	(if yes, give wor or doise or service)	Mr	s. Anna Nemeth	v 113 Woo	dland A	ve.		
	18. CAUSE OF DEATH [Enter only one couse per li					LINTE	RVAL BE	TWEEN
	PART I. DEATH WAS CAUSED BY:		Carcinon	7 67 1 1 1 1	th	ONS	ET AND	DEATH
	157 X IMMEDIATE CAUSE (a)	notastas	COUCEMANT	D. LOC		9	1211	tre-14
	Conditions, if any, which)	melastae						
	gove rise to immediate							
_	cause (a), stating the under- lying cause last DUE TO							
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH 8U	T NOT RELATED TO THE TERMI	nal disease con	DITION GIVEN IN	PART T(o) 1	PERFC	AUTOPSY PRMED?
	200 ACCIDENT WAS UNDERLYING 206 DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED (Enter noture of injury in f	'art I ar Port II af i	lem 18.)			
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. I Hour a. m. While p. m. 19	Nat while f	LACE OF INJURY (Home, form actary, street, office bldg., etc.		/n)	(Caunty)		(Stole)
	21. I certify that I attended the decea	sed fram Ovt 16	1961, to 8	Sec 9	. 19.6/that	I last sav	the d	leceased
	alive an DIE 9 190	1.		M, from the c				
	7			ADDRESS (Street, ci				E SIGNED
	SIGNATURE 6 1110 11 F	1 level	MD 7001740	mina	Tim Ba	//		
	PHYSICIAN'S EUDONE	Nevy	10 Dund	alk 2	2, M.	l		
220	BURIAL, CREMATION, 225 DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town, or cou	inty)	(Sto	le)
I	REMOVAL (Specify) 12/12/61	Sacred Hear	t Cemetery	Dunda	lk, Md.			
	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a REC'I	BY REGISTRAR	24b. REGISTRAR			
L	llrich Funeral Home Dund	alk, Md.	DATE	EQ 1 4 '61	- Janes	a de tra	arat .	

TO HOSPITAL OR AT MOSPITAL OR AT A MOSPITAL STRENGING THE PROPERTY OF A MOSPITAL OR AT MOSPITAL OR AT MOSPITAL OR AT MOSPITAL OR AT MOSPITAL STRENGING OF A MOSPITAL STRENGING

VS A15 (4) 15M 9/SB



TO HOSPITAL OR AT DING MENTICIAM: The low requires that the death carlificate be executed within 24 hours offer dath. Page 4 be retained by hospital or attending physician.

TO NERAL DIRECTOR: After this certificate has been signed by the attending physician and campietely ed in by the function page 3 shauld be detached far use as the buriol-transit permit. Then please remove corbon pages 1 and 2 should be filed with the State Branch of Health prior to buriol, crematian, or removal, and in any event, within 72 haurs ofter death.

VR A1S (4) 15M 9/59

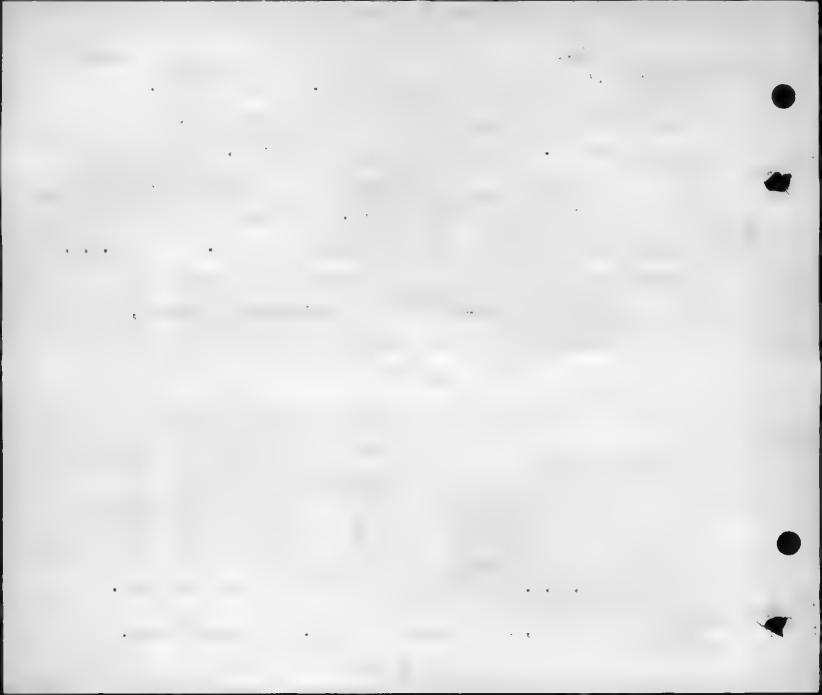
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		1	3640		CI	ERTIFIC	CAT	E OF DE	ATH					1	361	8
	1 PL	PLACE OF DEATH = 0. COUNTY						2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)								
	Q.	Baltimore MARYLAND						Maryland b. County								
4	a b	CITY OR TOWN (IF RURAT and give neg	outside corporate lam	ils, wrîle	c. LENGTH	OF STAY IN	1Ъ	c. CITY OR TO	WN (IF ou	tside corpo	rote limi	ls, write Rl	JRAL ond	give nec	rest town)
		Catonsvi	'		7mt.b	slodvs	s	Balt	imore				3	V61	-4	
	d.	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION d. STREET ADDRESS													e. IS RES	DENCE FARM?
٠,									West	Lom	bard	Stre	et			NO 🔲
3. NAME OF Mary First Edna Middle Nickles Lost Or/ 4.									4. DATE		Mon		Da	у	eor	
		ype or print)	Mary	y		Edna]	Vickels		OF DEATH		Dece	mber	20	,	9 61
	5. SE	х	6 COLOR OR RACE	7 MARR	IED NEVE	R MARRIED	8.	DATE OF BIRTH	188	34	9 AGE	(in years	IF UNDE	RIYEAR	IF UNDE	R 24 HRS
-	Í	female	white	WIDOWE	D 🔯	DIVORCED		Sept. 10	XIXO	9	774	yrs.	Months	Days	Hours	Min
ı	10a l	USUAL OCCUPATION	N (Give kind of work ng life, even if retired	done 10b.	KIND OF BU	SINESS OR	INDUST	Y 11. SIRTHPLA	CE (State o	r foreign c	ountry)	La constitución de la constituci	12 Ct	IZEN OF	WHATC	OUNTRY?
√l	,	housewi	ng ilie, even ir retired LIC	,				Ma	r y Lan	ıd				U.	5. A	
Y	13 FA	ATHER'S NAME						14. MOTHER'S N	AAIDEN NA	AME						
1		Samuel	Clark					Mar	y Sul	livar	1					
ı			IN U. S ARMED FOR		SOCIAL SECU	JRITY NO.	17 INF	RMANT				Addr	ess			
1	4.000	Unknown	no	a. v.caj	unkno	wn	Red	cords:	SPRIN	IG GI	ROVE	STA	ng i	HOSP!	ToT.	
	1	8. CAUSE OF DEAT	TH [Enter anly one co	use per lir	ne for (o), (b)	ond (c)-]								INTE	RVAL BE	TWEEN
1		PART I. DEAT	H WAS CAUSED BY:	1)	Toxe	mia								ONS	ET AND	DEATH
1		DUE TO														
-1		Conditions, if an	y, which)	, Mu	ltiple	decub	oital	gangre	ne							
		gave rise to im cause (o), stating the														
		lying couse lost.		Aar	vanced	senil	e bi	ain dis	ea se_							
	Z T	PART II. OTHE	ER SIGNIFICANT CON	IDITIONS C	ONTRIBUTIN	G TO DEAT	H BUT N	OT RELATED TO 1	HE TERMIN	IAL DISEAS	E COND	ITION GIV	EN IN PA	RT 1(a) 1	9 WAS	NUTOPSY RMED?
1	CERTIFICATION															NO 🗆
- (Z E	On ACCIDENT WAS	UNDERLYING CAUSE OF DEATH	20b. DESC	CRISE HOW I	NJURY OCC	URRED.	(Enter noture of	injury in Po	ort I or Par	t II of ite	ım 18.)				
		IF EITHER, NOTIFY A	MEDICAL EXAMINER)													
	MEDICAL	Oc. TIME OF INJURY Hour a. m.	Month, Day, Ye		NJURY OCCU		De. PLAC	E OF INJURY (Herry, street, office I	ome, farm,	20f. (City	or town)		(County)		(Stote)
	MEC	p. m.	19	While at worl	k at work				orogr, orer,							
1	2	1 I certify that	(X) (this haspital	l) attend	led the de	ceased fr	am.	May 4		61. ta	Dec	20	196	L, th	at (I) (we) last
-1		saw the decease	ed alive an De	c. 20	0_196	\mathbf{l}_{+} and \mathbf{t}	hat dec	th accurred	at (:4	M, fram					.,.	
		220 SIGNATURE		A												DATE SIGNED
			fella	Was	heles		M.			ECTOR 🗌	STAF PHYS		12-	20-6	1	SIGNED
	12	22c PHYSICIAN'S NAME (Type)	Stella W	lachs]	ler M	n		22d ADDRES	s SPR	ING	G ROV	e si	EA LE	HO.	PITA	T.
									Get	onsvi		_				
		BURIAL, CREMAT ON REMOVAL (Specify)	23b. DATE THEREC	OF.				CREMATORY		23d LOCA	TION (CI	ty, town, o	or county)		(S) of	e)
		<u>Burial</u>	12/423	3/61			edr	al Ceme				imor				
		UNERAL DIRECTOR'S Howard B		ما ادم	ADDRE				250. REC'D	8Y REGIS	TRAR	2Sb REGIS	TRAR'S S	GNATU	RE	
		Howard !	H. Hubbar	ru 4.	TOL M:	ilken	IS A	ve.	PATEEC S	2 2 '61		CT L	er 8. 9	Trans		



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, it institution; Residence before edmission) funeral . PLACE OF DEATH Baltimore b. COUNTY Balt. Md. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pue c. LENGTH OF STAY IN 16 filled in by Pages 1 and write RURAL and give necrest town) Halethorpe papers. Pages 1 Halethorpe Md. 3 vears Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Elm Rd. YES NO NO Elm Rd. 1259 3. NAME OF Middle 4. DATE Year First Last Month DECEASED OF DEATH (Type or print) Dec 20. 19 O'Connor 1.961 Alice withi 9. AGE (In years HE UNDER 1 YEAR) Loc IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months Days Hours | Min. -Par white WIDOWED [Female DIVORCED Oct. 1890 VIS. 1 12, CITIZEN OF WHAT COUNTRY? physician елошел 10a. JSUAL OCCUPATION IGINE kind of work 10b. KIND OF BUSINESS OR INDUSTRY (1). BIRTHPLACE (County & State, or foreign country) Po done during most of working life, even if retired) U.S.A. BUY Housewife Baltimore Md. none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please ding Pug Matilda krickhaun Bennet Ward affen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) [(Ifyes give were rdates of sarvice) Mary Deitrick 1259 Elm Rd. No 18. CAUSE OF DEATH |Enter only one cause per line for .e), (b), and (c) INTERVAL BETWEEN physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY. signed IMMEDIATE CAUSE (a) certificate has been signer use as the burial-transit prior to burial, cremation, aftending gave rise to immediate cause DUE TO (a), stating the underlying PHYSICIAN: the hospital or PART II, OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11011 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO [2Do ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH Affer MEDICAL 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 2DL (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) While _Not While Hour e.m. et work et work 3 should be de 1901., that (I) (we) last 21. | certify that (I) (this hospital) attended the deceased from 1.27.4. saw the deceased elive on.... 22b. DATE S. GNEDI ATTENDING MED PHYS. DIRECTOR PHYS. ath. Page 4
FUNERAL M.D 22d. ADDRESS 34 32 page With I 22c, PHYSICIAN'S E.W. Johnson Frederick NAME (Type) (Stefa) 234. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Burial 1961 Loudon Park Cem. Baltimore Md. Dec 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 7 61 DATE





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	13643 CERTIFIC	ATE OF DEATH 13621
4	o. COUNTY Balt IMON & MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	B. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest tawa) RURAL - Coffey Svillu Lite	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	1 Sherwood Road Con A FARM?
ď	3. NAME OF DECEASED (Type or print) M985/4 First M	Pearce 4. DATE Month Day Year 1961
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED) WIDOWED DIVORCED	last birinday) Months Days Hours Min.
	10a USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired) House Home	Maryland U.S.A.
	MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	14 MOTHER'S MAIDEN NAME Sarah 'Amm Gill XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	(Yes, no, or unknown) (If yes, give wor or dates of service)	Miss Durcas A. Pierce Sherwood Rd
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e Hour o. m. 19 White Not while of wark of wark of wark 21 certify that (1) (this hospital) attended the deceased fra	BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? PERFORMED? YES NO PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) 20f. (City or lown) (Caunty) (State) The street of the stated above. ATTENDING MED DIRECTOR PHYS. 10 10 10 10 10 10 10 10 10 10 10 10 10
		Meth Cemetery Sparks Maryland
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAY 25b. REGISTRAY'S SIGNATURE DEC 4 61

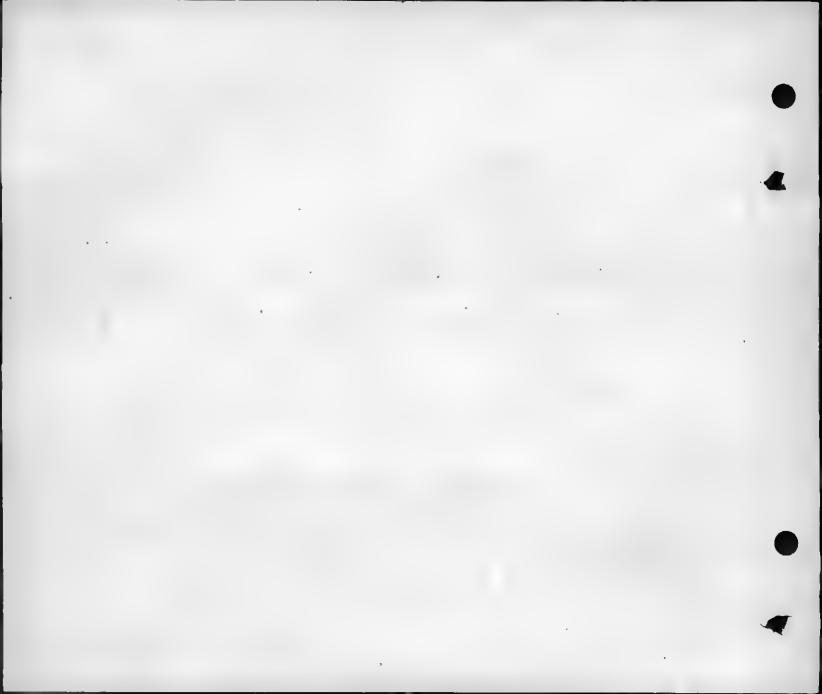
DATE

Brooks Funeral Service Towson 4, Md

ING PHYSICIAN: The low requires that the Leath certificate be executed within 24 hours ofter TO HOSPITAL OR A SIDE PHYSICIAN: The fow requires that the seath certificate be executed within be revained by a spiral or attending physician.

TO NERAL DIRECT. From this settificate has been signed by the attending physician and completely page 3 should be detached for use as the surjectment permit. Then please remove corban papers. Pag the state Board of Health priar to buried, cremation, ar removal, and in ony event, within 72 hours aftergree

VR A15 (4) 15M 9/59



1				MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
6 2 c				MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00
should be crematian			1 1	Reg. Dist.	
sho cren	(IV	1)		e. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before o. STATE Maryland b. COUNTY Baltimore	
burial,			b	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares lawn) Chase Chase	
0 . 0			0		IS RESIDENCE
y is ner Sirector les. prior h	/	۲			ON A FARM?
dele eral our fi			- 1	NAME OF DECEASED First Middle Doy OF Month Doy	Year
- Ga		ŀ	5. S	SEX 4. COLOR OR RACE 7. MARRIED DEVER MARRIED B. DATE OF BIRTH 9. AGE (10 years IF UNDER LYEAR IF	19 61 UNDER 24 HRS
the ed f				A A	ours Min.
death d 3 to retain 2 with			100	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State at fareign country) 12. CITIZEN OF W	HAT COUNTRY
filer d and be re			a	Laborer onstruction North Carolina	
2 2 2			13.	I. FATHER'S NAME	
ည္မရွိက္ ရွိ			_	Unknown Unknown	
in 24 l ve Pag Page File po			15. (Yes.	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. NO. 17. INFORMANT Address 17. INFORMANT Address 17. INFORMANT Address 18. No. 18	
表达点 .			-		
ned w 18. m m P.M.		ı		IB. CAUSE OF DEATH [Enter only one couse per hipe for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	/
2 5 5 -				149 DX DUE TO DUE TO	475
be exect in then with fa			4	Conditions, if any, which) (b)	
encit ong v		- 1		gave rise to immediate cause (a), stating the underlying DUE TO	
shau n pe a alo	,	٠l		couse lost. (c)	
cate ng'' i Office d as	Š.		CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 YES	ERFORMED?
9. g. j. s			CERTIFI	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)	
MER: This the ward fical Exam 3 shauld			MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 10f. (City or tawn) (Caunty) Hour o. m. 19 of work of work	(State)
AMed Med				21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry .	nd find the
OR:				deoth resulted from: Notural causes . Accident . Suicide . Homicide . Undetermined cause .	
IEG A				ACTUAL SIGNATURE AUCCILLUS M.D. CHIEF MEDICAL EXAMINER []	ATE SIGNED
the cert arded to NERAL	maval.	1		EXAMINER'S JACK C COLLIDS DEPUTY MEDICAL EXAMINER 1 /2.2	6.61
	5	Ī	220	O. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
5	•		_	Burial Dec 30, 1961 Mt Calvary Cemetery Ann Arundel County Mar	yla nd
VS. A15ME(5	5)		23.	ADDRESS ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE A. Halstead 918 Druid Hill Ave. Balto., Md.	
5M 9/55				A. Halstead 918 Druid Hill Ave. Balto., Md. DATE EC 27'61	



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13623

1	_	13545 CERTIFICATE OF DEATH
,		PLACE OF DEATH a. COUNTY D. STATE D. COUNTY D. COUN
)	ı	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) RURAL and give nearest fown? Auctor Auctor CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)
X		d. NAME OF HOSPITAL (If not in hospital, give street oddress) or institution Seatherbeed Lane 15 Neatherbeed Lane yes \(\) NO FI
	1	NAME OF DECEASED PRESTON HARRY Phillips DEATH Describer 16 1961
1	5 5	REX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.
)	10a	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Operator What Country? Operator What Country?
	13.	Plorge & Phillips and Tapman
		WAS DECEASED EVER IN L S. ARMED FORCES? 16. SOCIAL/SECURITY NO 17. INFORMANT) No of unknown) March one got of dates of service) 315-09-3800 Mbr Tracton hillers Orong Nille Mente
		18. CAUSE OF DEATH [Enter only one couse per line for (o) (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arcano Pancica With metastan Machine
		Conditions, if ony, which (b)
1		gave rise to immediate couse (a), stating the <u>under-lying cause lost.</u> [c]
,,	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES \(\text{NO} \) NO \(\text{SC} \)
		20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of ilem 1B)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m 19 at work at work at work 19 at wo
		21. I certify that (I) (this hospital) attended the deceased fram. 1961, ta Marine for 1961, that (I) (we) last saw the deceased alive and contest to 1961, and that death accurred at 3000, from the causes and on the date stated above.
,		275 FIGNATURE M.D. ATTENDING MED STAFF SIGNED 120 PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR DI
1	000	NAME (Type) 1190 y Reisterator of Kenterstown theyland
	1	BURIAL, CREMATION, 23b. DATE THEREOF 23c (NAME OF CEMETERY OR CREMATORY 23d LOCAT ON IC.1y, 10km, or county) (Stotal) WEMOVAL (Specify) 12 19-61 ADDRESS ADDRESS 250, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	29.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE ADDRESS

Page 4 be remained to hospital or attending physician.

TO NASPITAL OR APENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after the hospital or attending physician or attending physician and campletely ed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remained carbon pagers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after death

VR A1S (4) 15M 9/S9



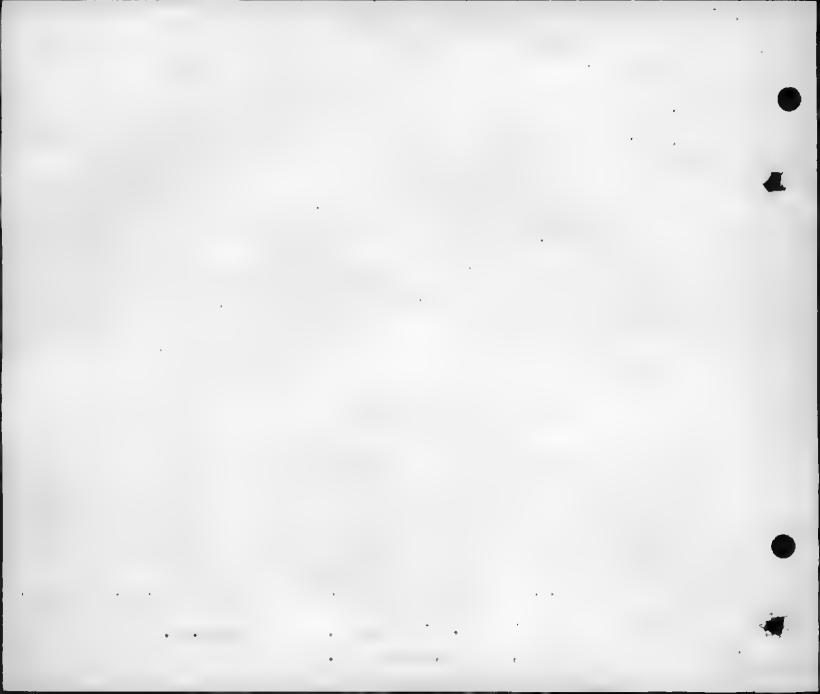
TO HOSPITAL OR A

Q VR A3S (4) 15M 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13624

- 446	
PLACE OF DEATH RAFCINOTE County MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) a. STATE AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Mt. Wilson, Maryland	BALTIMORE 3.11.4
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e IS RESIDENCE
Mt. Wilson State Hospital	1912 WILHELM STREET YES NOR
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) JEROME CHARLES	POIST-SZ. DEATH 12- 10-1961
S SEX 6. COLOR OR RACE 7. MARRIED 2 NEVER MARRIED 1	8 DATE OF BIRTH 9. AGE (In years of UNDER 1 YEAR IF UNDER 24 HR: lost birthday) Mgnths Days Hours Min.
MALE WHITE WIDOWED DIVORCED	3-17-11 5 yrs. Manths Doys Hours Min.
100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUS during most of working life, even if retired)	TRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
DYE SETTER DYE SETTING	MARYLAND U.S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
SAMUEL POIST	CATHERINE SCHLIMMIS
15 WAS DECEASED EVER IN L. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 IN (Yor, no, or unknown) (If yes, give wor or dates of service)	FORMANT Address
NO 705-10-9692 Ho	spital Records, Mt. Wilson State Hospital
18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL SETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY: FAR ADVANCED F	PULMONARY TUBERCULOSIS Typears
002 X DUE TO	
Conditions, if ony, which) (b)	
gove rise to immediate cause (a), stating the under:	
lying couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	YES NO
206. ACC DENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	C. (Enter nature of injury in Port I or Part II of item 18)
	CE OF INJURY (Home, farm, 20f (City or tawn) (County) (State
Hour a.m. While Not while	tory, street, office bldg., etc.)
	100 00 000 10-10 001
	10-5-1955, ta 12-10-, 1961, that (1) (we) las
saw the deceased alive an	eath occurred at 1/45 M, from the causes and on the date stated above
1 1 1/1/2 ~	A.D ATTENDING MED. STAFF SIGNE
22c, PHYSICIAN'S	22d. ADDRESS
Win. Newcomer, M.D., Superintendent	Mt. Wilson State Hospital, Mt. Wilson, Md
230 BURIAL, CREMATION, 23b, DATE THEREOF 23c NAME OF CEMETERY OF	R CREMATORY 23d LOCATION (City, town, or county) (Stote)
Burial 12/13/61 Mt.Olivet C	emty. Bolto Ma
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
Alol Edmondson	AVO. DATE L. 1 3 31 Coming of Known



PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE funeral Film G3u5 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) . COUNTY e. STATE **b.** COUNTY 12 t MARYLAND c. C TY OR TOWN (if autside corporete limits, write RURAL end give nearest town) b. CITY OR TOWN (if pulside corporete l.mits, pue c. LENGTH OF STAY IN 16 Filled in by Pages 1 and write RJRAL end give neerest town) d. NAME OF HOSPITA OR INSTITUTION (I not in hospite), give street address Pages . IS RESIDENCE ON A FARM? 12 I YES NO DE 3. NAME OF DECEASED OF (Type or print) DEATH 19 carbon 6. COLUR OR RACE 17. MARRIED 9. AGE (In years | IF UNDER 1 YEAR ! IF UNDER 24 HRS. NEVER MARRIED lest birthdey) | Months pue Deys Hours W DOWED [DIVORCED [USUAL OCCUPATION IG ve kind of work 105, KIND OF BUSINESS OR INDUSTRY 11, BRTHPLACE 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME NONE ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive werordetesofsery'ce) 18. CAUSE OF DEATH [Enter only one cause per time for (e), (b), and (c).) INTERVAL BETWEEN signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY. lower lobe with -IMMEDIATE CAUSE (0) has been signed he burial-transit pourial, cremation, DUE TO geve rise to immediate cause DUE TO (e), stelling the underlying cousa lost. ad by the hospital o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO [206. ACCIDENT WAS UNDERLYING | 206. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Pert II of Hem 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, ferm, 20f. (City or fown) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. el work et work CLOR 21. I certify that (1) (this hospital) attended the deceased from. ... 22a. SIGNATURE 22b. DATE ATTENDING MED. STAFF **SIGNED** PHYS. DIRECTOR PHYS. M.D. 22c. PHYUS AN 22d. 230. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Westport Burrial 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR , 25b REGISTRAR'S SIGNATURE VR A15 [4] Civilian S. Traus 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13649 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before edmission) a. COUNTY b. COUNTY Baltimore Maryland Bal timore MARYLAND pue b. CITY OR TOWN (if outside corporeta limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give necrest town) deat c. LENGTH OF STAY N 16 Š write RURAL and give nearest town) 5-Hurstleigh Hurstleigh Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 7108 Bellona Avenue 7108 Bellona Ave. YES NO 3. NAME OF DATE Middle TEST AL 19 61 December 30. {Typa or print) May Frances McCarthy Pritchard DEATH within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX AGE (In yeers of UNDER 1 YEAR OF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) | Months and Female White WIDOWED X Jan. DIVORCED physician 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (County & State, or fore gn country) 112. CITIZEN OF WHAT COUNTRY? Š dana during most of working life, even if retired) U. S. A Queen Town, Ireland 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAMI lichael J. McCarthy Ellen Dunn 15 WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na gruphown) (Ifyesgivewerordelesofserv ce) 7001 Copleigh Road None Mr. Jack F. Pritchard 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH arllemin PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18) 20e PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED (County) Month, Day, Yeer fectory, street, office bldg., etc.) While Not While et work et work 21. I certify that (1) (this hospital) attended the deceased from all faller, 190 8 to Becomber 3/196, that (1) (we) last CMLEY 3/ 196/ and that death occured all ItM, from the causes and on the date stated above. saw the deceased alive on. ATTENDING PHYS. DIRECTOR PHYS. 22d. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, lown or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Pikesville. Md. Burial Druid Ridge Cemetery 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE PHINERAL DIRECTOR'S SIGNATURE

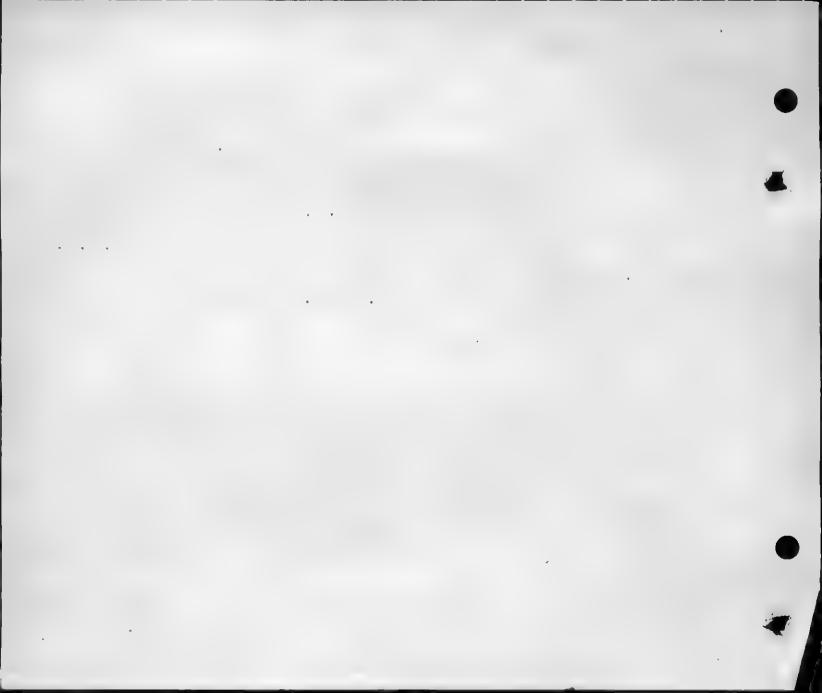
NO F

(Stele)

22b, DATE

IGNED

VR A15 (4) 15M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13648 funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institut on: Residence before admission) a. COUNTY b. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) Baltimore .E T. Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 1704 Brady Avenue Veterans Administration Hospital 16 YES NO 🕰 3. NAME OF A. DATE DECEASED ALBERT PRINCHER (Type or print) 1961 DEATH December 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH AGE (in years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) and Male Negro WIDOWED [DIVORCED [November 27, 1896 64 10a, JSUAL OCCUPATION (G ve kind of work remove 97.6 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired)
Laborer-Retired Chemical Plant Baltimore, Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert Pritchett Maggie Pritchett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. Clinical Records, VAH, BatTimore 18, Maryland [Yes, no, or unkown) | (Ifyes give war or dates of service) Yes After this certificate has been signed by the stacked for use as the burial-transit permit. To theath prior to burial, cremation, or removed. Fort Howard Division 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. UREMIA 4 MONTHS IMMEDIATE CAUSE (a) DUE TO NEPHROSCLEROSTS UNKNOWN (b) gave rise to immediate cause (a), stating the underlying ARTERIOSCLEROSIS cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY Hypertensive Cardiovascular disease. Pyelonephritis. Uremic Behlgn Prostatic Hypertrophy.

20a ACCDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18) (If EITHER, NOTIFY MEDICAL EXAMINER) PERFORMED? Pyelonephritis. Uremic Encepha-20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work ..., and that death occurred at 30.....M, from the causes and on the date stated above. saw the deceased alive on Dec. 18 22a. SIGNATURE STAFF DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type FREEMAN, M.D., Chief, Medical Service, BALTIMORE 18, MD. -VAH. Fort Howard Div. -23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE OF 123c. NAME OF CEMETERY OR CREMATORY Mount Calvary Cemetery Baltimore: Maryland 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATU ADDRESS VR A15 (4) DATE DEC 2 8 '61 Certing S. Thomas 15M 9/60 Robert E. Williams, 1701 N. Bond St., Balto., Md.



STATISTICAL RESEARCH STON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. STATE MARYLAND b. CITY OR TOWN (if outside corporate 1 mits. outside corporete I mits, write RURAL end give nearest town) LENGTH OF STAY IN 16. __ Pages filled d. NAME OF HOSPITAL OR INSTITUTION of not 'n hospital, give street address) a. IS RESIDENCE ON A FARM? YES IN NO I NAME OF M ddle DECEASED DEATH (Typa or print) 19 carbon 6 COLOR OR RACE 7, MARRIED THEYER MARRIED 9. AGE (In years IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. pue last birthday) Months Devs Hours WIDOWED D.VORCED physician 10a. USUAL OCCUPATION (Give kind of work 940 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even it retired) 13. FATHER'S NAME 14. MOTHER'S MAIDE guip 16. SOC AL SECURITY NO Address (Yes, no, or unkown) ((If yes giva war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate ceusa DUE TO (a), steting the underlying cause last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20a ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY [Home, ferm, 20f. (City or town) (Stata) 20c. TIME OF INJURY Month, Day, Yeer (County) factory, street, office bldg., atc.) While Not While Hour a.m. el work at work 1960 to Jugart ... , 19 , that (1) (we) last 21. I certify that (I) (this hospital); attended the deceased from... , and that death occured 6.9. P.M., from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22e. STONATURE ATTENDING DIRECTOR PHYS. PHYS. MD 22c4 PHYSICIAN'S ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, 23a. BURIAL, CREMATION, | 23b - REMOVAL (Spacify) III FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60



24g. REC'D BY REGISTRAR

24b REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/58

23. FUNERAL DIRECTOR'S SIGNATURE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whata deceased lived, If institution; Residence before admission) e. COUNTY e. STATE **6. COUNTY** Balti ore MARYLAND Earvland I lti ora b. CITY OR TOWN (if outside corporate limits, c CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 write RURAL and give neerest town) Towson .⊆ Towson 8 d NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? LOL W. Pennsylvaina Avenue YES NO Pennsylvania Avenue 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH 12-7-61 Rav Rase 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX 9. AGE (In years | FUNDER 1 YEAR | IF JNDER 24 HRS. B. DATE OF BRITE last birthday) | Months | Deys Hours Female DIVORCED | 10s. USUAL OCCUPATION (G ve kind of work 106 KIND OF BUSINESS OR NOUSTRY 11. BIRTHPLACE County & Stete, or foreign country) 12. C TIZEN OF WHAT COUNTRY? ò dona during most of working life, aven if retired) Housewife. Pennsylvania 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME ding Ellen Sweeley Robert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMALLE Address (Yes, no, or unknwn) (lifyesgivewerordatesofservice) Ray-Phoenix, Mary and 18. CAUSE OF DEATH [first only one cause per tire for (a), (b), and (c). INTERVAL BETWEEN ISET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) oschenatic cardiovas culor deri ace DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 1 19, WAS AUTOPSY certificate PERFORMED? NO 4 206. ACCIDENT WAS UNDERLYING | 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Iem 18.)
OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) 20e. TIME OF INJURY Month, Day, Year (County) (State) factory, straat, office bldg., atc.) Not While While Hour a.m. al work | et work Succenter 7196 .. that (1) (we) last saw the deceased alive on All worker 7.1961 22a. SIGNATUK ATTENDING S. SNED PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 23d. LOCATION (City, lown or county) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b DATE THEREOF (Stete) REMOVAL (Spacify) Alt. Feste Park Altonna, Terms, Lyamia l'emoval 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR ADDRESS VR A15 (4) 15M 9/60



VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13653	CERTIFICA	ATE OF DEATH		Reg. Di 1.2631
1 PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Whe		tion: Residence before admission)
Baltimore	MARYLAND	MARYLAND	b. COUNT	BALTIMORE
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporote limits, write	RURAL and give nearest town)
Catonsville	6Months	XCATONSVIL	[3]	
d. NAME OF HOSPITAL (If not in hospital, give street odd OR INSTITUTION	iress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Shady Nook Nursing Ho	me	8 North Re	olling Road	
3 NAME OF First DECEASED	Middle	Lost	4. DATE Mc	onth Day Year
(Type or print) ANNA	W.	REBMANN	DEATH DECEME	SER 16,1961 19
5. SEX 6 COLOR OR RACE 7 MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year last birthday)	Months Days Hours Min.
FEMALE WHITE WIDOWED	DIVORCED [MARCH 4,18'		
10a. USUAL OCCUPATION (Give kind of work done 10b. KIT during most of working life, even if retired)	ND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stole of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	AT HOME	GERMANY		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
HENRY LUCKER			UNKNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	CIAL SECURITY NO.	INFORMANT		dress
NO 217 1	4 1971 M	rs Elsie Gr	1.mm 8. N. F	Rolling Road (280
18. CAUSE OF DEATH [Enter only one cause per line i			4	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	n Tonivacl	cratic hea	It duica	ONSET AND DEATH
420-0 DUE TO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			The Non-
Conditions, if ony, which) (b)			1	K KP
gove rise to immediate			J & V	P
cause (a), stating the under-			- K- W	LAND TO SERVICE STATE OF THE S
	NTRIBUT NG TO DEATH BU	T NOT RELATED TO THE TERMIN	ALD SEASEN ONDI ON G	AN IN PART I(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CON	ecent (6	OF 1961) , , , (1)	PERFORMED? YES NOX
	BE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	ort I ar Part I it item, 18	- 10
US OR CONTRIBUTING CAUSE OF DEATH US (IF EITHER, NOTIFY MEDICAL EXAMINER)			44	<i>p</i> *
3 20c. TIME OF INJURY Month, Day, Year 20d. INJU		ACE OF INJURY (Hame, farm,	20f. (City or town)	(Caunty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJU White of work	Not while of the lot work of t	ectory, street, office bldg., etc.)		
		19.5/, to /6	Do - 106	All med by the state of the sta
21. I certify that I attended the deceased		12.3) 10 M	Athat I last saw the deceased and an the date stated abave.
alive an 16 Alec, 196	_ , and that death		M, NAMPTHE COUSES O DDRESS (Street, city or town	
ACTUAL MILEANA	Dags,	M.D. 817 Medica	,	
SIGNATURE // WCCOCCECE	1	W.D. OTT Treditor	TT WI OS DAT	12/10/01
PHYSICIAN'S Theodore Boss M	f D			
		OD CREWATORY	224 LOCATION (City Assert	On country 100-1-1
REMOVAL (Specify)	2c. NAME OF CEMETERY C		22d LOCATION (City, Iown,	
BURIAL DEC. 19, 1961	LOUDON PA	ARK CEMETERY	BALTIMORK BY REGISTRAR 246. REG	E MARYLAND DISTRAR'S SIGNATURE
	BALTIMOR	ורואו ידוכ		
TIDIATE DELIDER OF DOMO THE		DATED EC	20'61 c	allow & Thomas



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13654 funeral I. PLACE OF DEATH 2. USUAL RESIDENCE [Where deceased lived, If institution; Residence before edmission] e. COUNTY e. STATE b. COUNTY 다. 라. Baltimore Maryland
c CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MERYLAND by the b. CITY OR TOWN (if outside corporate I mits, E LENGTH OF STAY IN 16 Baltimore E vears apers Pages I 72 hours after Pages filled d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street eddress) d STREET ADDRESS A. IS RESIDENCE 40 ON A FARM? 3420 Erdman Ave. Mercy Villa YES NOTE 3. NAME OF Year DECEASED OF (Type or print) DEATH Gertrude Agatha Riordan 1967 and cu 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 9. AGE (In years) IF UNDER 1 YEAR! IF UNDER 24 HRS. last birthdey) Months -4-1886 DIVORCED | physician 100 USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR NDUSTRY 11. BIRTHFLACE County & State or foreign country) 12. CIT.ZEN OF WHAT COUNTRY? done during most of working life lever if retired] legal Stenographer Retired Baltimore, Md. U.S.A. Michael Riordan Courtney 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) | (Ifyesgivewerordelesofservice) 212-01-0203 Mrs.Wm.J.Daniel 169 Oakleigh Village ending physician. been signed by the 18. CAUSE OF DEATH [Enter only one cause per line for ,e) (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH MMAS CAUSED BY. Arteriosclerotic cardio vascular disease 4 yrs. certificate has been signer use as the burial-transit prior to burial, cremation, DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART (18) 19. WAS AUTOPSY PERFORMED? NO 20s. ACCIDENT WAS JNDERLY NG ____ 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of tem 18) OR CONTRIBUTING ___ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm. , 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) fectory, street, office bldg., etc.) While __Not While Hour a.m. at work at work DIRECTOR: 3 should be del 22b. DATE ATTENDING MED. SIGNED STAFF DIRECTOR PHYS. PHYS. n. Page 4 22d. ADDRESS 22c. PHYSIC, AN'S NAME (Type) D. Flynn, M. D. ilip Eleven East Chase Street 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) 23a, BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Maryland Baltimore, New Cathedral Buria Cem_ 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 4905 York Ro Road DADEC 22'61 H.W. Jenkins & Sons Co. Inc. 15M 9/60

Withur & Thomas



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admiss on e. COUNTY LELINE & COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OB-TOWN (Moutside corporate limits, write RURAL and give nearest town) HOSPITAL OR INSTITUTION (If not in hospital, give street address) d NAME OF e. IS RES DENCE ON A FARM? YES NO NO NAME OF DECEASED DEATH (Type or print) 9. AGE (In years 6 COLOXYOR RACE 7. MARRIED | NEVER MARRIED | B DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS Months Dovs Hours WIDOWED [DIVORCEDX 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even of the country) 12 CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN 18/CAUSE OF DEATHV Enter only one coute per line for (g), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH DUE TO Conditions, if any, which gave rise to immediate couse DUE TO (a), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179, WAS AULOPSY PERFORMED? NO [200. EXTERNAL CAUSE WAS \$205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f (City or lown) Month, Day, Year (County) (State) factory, street, affice bldg. etc.) Hour g. m While Not while of work of work p. m. 2). I certify that I taak charge of the remains described above, held an Autapsy [7], Inspection [5], Inquiry [7], and in my opinian death resulted from: Natural causes 📝, Accident 🔲, Suicide 🗍, Hamicide 🧻, Undetermined manner 🦳 DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER 5 SIGNATURE **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER A 22c NAME OF CEMETERY, OR CREMATORY 22d LOCATION (City, town, or county) 220. BURIAL CREMATION ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAE 24b. REGISTRAR'S SIGNATURE SM 2/57



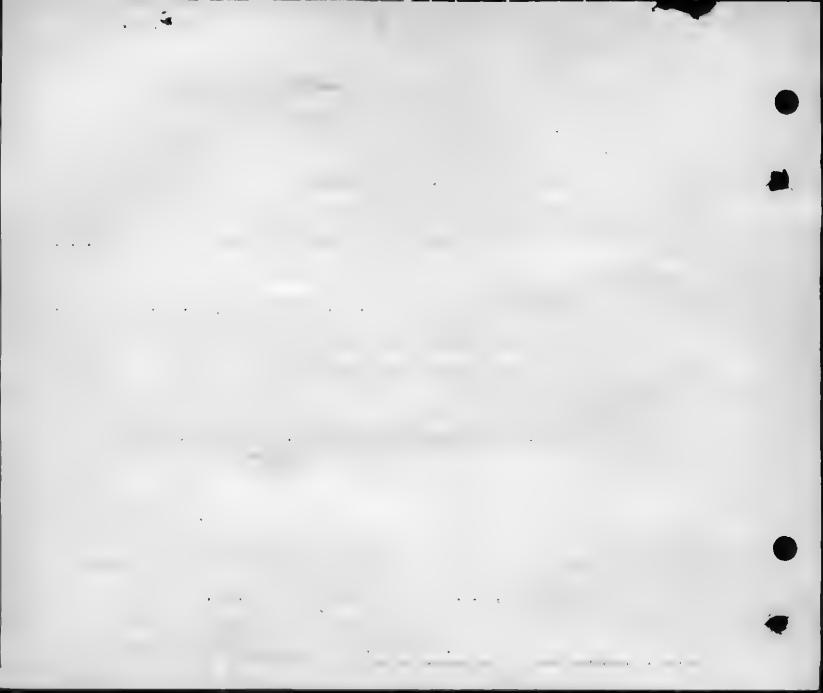
VR A15 (4) 15M 9/60 5

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMERE 1, MARYLAND

13634

\[\interior	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)					
1	Baltimore Maryland	a. STATE b. COUNTY					
/ -	b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CLIT CR TOWN (If outside corporate limits, write RURAL and give nearest lown)					
	write RURAL and give nearest fown)	73 - 7 - 4 - 2					
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Baltimore d. STREET ADDRESS o. IS RESIDENCE					
П	of them of the or matter of the notal boshief dive sides applies?	ON A FARM?					
	Veterans Administration Hospital	104 W. Cromwell Street YES NO K					
	DECEASED	Lasi 4. DATE Month Dey Year					
	(Type or print) WALTER W.	ROBERTS December 25 19 61					
- 1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.					
	Male White WIDOWED DIVORCED	March 14, 1893 68 yrs. Months Days Hours					
1		TRY 11 BRTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	dona during most of working Irla, evan if relired) Cook Restaurant	Baltimore, Maryland U.S.A.					
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Charles Roberts	Florence Ranft					
-	15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17.						
	(Yes, no, or unkown) (Ifyesgivewarordatesofservice) Yes WW I 218-14-6026 Cli	n.Rec.VAH, Balto 18, Md. Ft. Howard Div.					
-	18. CAUSE OF DEATH [Entar only one cause per line for (6), (b), and (c).]	I INTERVAL BETWEEN					
		CNSET AND DEATH					
	IMMEDIATE CAUSE (a) MYOCARDIAL INFARC	Prion 2 Days					
	DUE TO						
1	Conditions, if any, which gave rise to immediate cause	HEART DISEASE UNKNOWN					
	(a), steting the underlying DUE TO						
1	cause lest. (c)						
	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED?					
	BRONCHOPNEUMONTA. GENERALIZED ARTERI 208. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OSCLEROSIS. CEREBRAL THROMBOSIS YES IN NO KI					
	200, ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in Pert I or Part II of Item 18.) LEFT					
	OR CONTRIBUTING CAUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED ZDe. Pt						
	at week at week	etory, streat, office bldg., etc.)					
		Dec 22, 1961, Dec 25, 19.61 that (1) (we) last					
		and the second of the second o					
1		at death occured at \$2.05\text{PM} rom the causes and on the date stated above.					
	226. SIGNATURE	ATTENDING MED. STAFF					
1		M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS					
1	22c. PHYSICIAN'S NAME (Type)						
	IRVING FREEMAN, M.D.	VAH, BALTIMORE, MD. FT HOWARD DIVISION					
	236. BUR.AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER						
	Burial (Specify) 12/24/6 Cedar Hill Ce						
	24 FUNERAL DIRECTOR'S SIGNATURE 130 E. FORT AVE	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE					
	McCully Funeral Home Baltimore 30 Mc	100CC 9 7 C1					
-	Dat of mot Carlo	**					



	DEVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND						
ì	13657	CERTIFICA	TE OF DEATH	12025			
J	1. PLACE OF DEATH	2 Film G305	2/USUAL RESIDENCE Where deceased lived. If in	stitution: Residence before admission)			
	a. COUNTY DATE OF MALE	MARYLAND	a. STATE b. CO	Montgomery			
	b, CITY OR TOWN (If autside carporate limits, write	c LENGTH OF STAY IN 15	c. CITY OR TOWN (If autside carporate limits, w				
	Ruffl and give negret town) Resellator	6 weeks	Silver Springs	271-5			
	d. NAME OF HOSPITAL Uf not in haspitel, give greet of	address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?			
	Best Mursing Hon	u_	526 Ashford Road	YES NO			
J	3. NAME OF DECEASED	Middle	Last 4. DATE	Manth Day Year			
	(Type or print) READ WE	L. J. B.	ODER SON DEATH NICE	meer 14 1961			
	W / 9 11-	THE TEXT IN THE TE	8. DATE OF BIRTH 9. AGE (In last birth	day) Manths Days Hours Min.			
4	Illale White WIDOWE		March 29 1700 61	12 CITIZEN OF WHAT COUNTRY?			
	10a. USJAL OCCUPATION (Give kind of work dane 10b during most of worker like/even if retired)	KIND OF BUSINESS OR INDU:	STRY 11. BIRTHPLACE islate or foreign country)	9/ 1			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	4,5,4,			
	HENRY B. ROBERTS	S 0 17	NETTIE CAHILL				
	IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		NFORMANT	Address			
	(Ver, no. or unknown) (If yes, give war or dates of service)						
	18. CAUSE OF DEATH [Enter only one cause per //	e for (a), (b), and (c).]		INTERVAL BETWEEN			
	PART I DEATH WAS CAUSED BY.	Arcenome -	- parated gland.	left onset and death			
	142.0 DUE TO			P			
	Canditians, if any, which) (b)						
	gave rise to immediate cause (a), stating the under-						
	lying cause last. (c)						
	PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITIO	N GIVEN IN PART 1(d) 19 WAS AUTOPSY PERFORMED?			
1	8			YES NO			
Ì	PART II. OTHER SIGNIFICANT CONDITIONS COLOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Part I or Part II of item 1	6.)			
		NJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, form, 20f (City or town)	(County) (State)			
	Hour a.m. 10 While	Nat while fai	ctary, street, affice bldg., etc.)	(County) (Signey			
			N. fred to the	2.116.11			
	21 I certify that (I) (this hospital) attend	11 11 11 11 11 11 11 11 11 11 11 11 11	4	that (1) (we) last			
	saw the deceased alive on Account	2/7196 , and that a	death occurred at 325 M, from the cause	es and on the date stated above. 22b DATE			
	(VARAGE & MC)	Heam)	M.D PHYS MED STAFF	1 December SIGNER			
ļ	22c. PHYSICIAN'S		22d ADDRESS /	On 1/ - A - A - A - A - A - A - A - A - A -			
	NAME (Type)		11904 Keislerstown	& Keislerstow Marile			
	23d BUR,AL, CREMATION, 236, DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY 23d LOCATION (City, I	tawn, ar county) (Sate)			
	BURIAL 12/18/61	GLENWOOD	Washingt	ON, D. C.			

256 REGISTRAR'S SIGNATURE

Contain S. Than

25a. REC'D BY REGISTRAR

DATEDEC 1 8 '61

H.W. MEARS & SON 805

24, FUNERAL DIRECTOR'S SIGNATURE

GLENWOOD ADDRESS

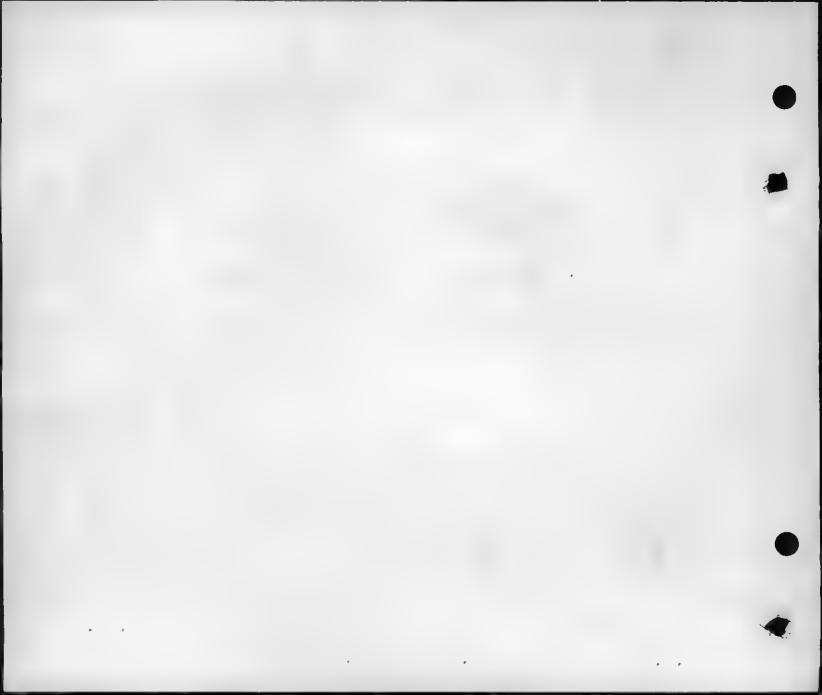
N. CALVERT

be retained by thospital or attending physician.

UNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletel page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers Pages the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death. DING PHYSICIAN: The low requires that the death certificate be executed with HOSPITAL OR A VR ATS (4) TSM 9/59

Page 4 director, filed with

Pages 1 and 2 should be 1



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND 405 --- 1/1-7/62 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY **b. COUNTY** Baltimore Maryland ... Clin OR TOWN (1 outside corporete fimils, write RURAL end give neerest town) MARYLAND b CITY OR TO', N (Fouls de corporete imits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 in by vears Anneslie Anneslie filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? Anneslie Road YES NO Anneslie Road 3. NAME OF A DATE Midd 6 Yes Catherine (Type or print) Rodnev DEATH 19 carbon 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. and last birthday) Months WIDOWED A DIVORCED | physician 100. JSLAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY, 11, BIRT-PLACE (County & State, or for gn country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) Never Employed Baltimore. Md. U.S.A. 14. MOTHER'S MAIDEN NAME aftending Joseph Hartman Marv ℸ 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyesgivewerordalesofservice, Husband's No. 137 Hopkins Road 216 09 0113 George W. Rodney Balto. 12, Maryland HROMBOSIS IMMEDIATE CAUSE (a) burial-transit **DUE TO** ARTERIOSCLEROSIS. Conditions, if any, which geve rise to immediate cause **DUE TO** (a), steting the underlying ta ini PART I. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? Se NO X 20e ACC DENT WAS UNDERLYING 20b. DESCR BE HOW INJURY OCCURED (Enter nature of injury in Pert I or Pert I of fem 18.)
OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINERY , 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) 20c. TIME OF INJURY (County) Month, Dey, Year factory, street, office bldg., etc.) Not While et work at work 21. I certify that (I) (this hospital) attended the deceased from 19 (2./., that (1) (we) last .1961., and that death occured at 11.5 M, from the causes and on the date stated above. saw the deceased alive on A **ATTENDING** DIRECTOR PHYS. M.D. PHYS. ADDRESS 22c. PHYSICIAN'S 6210 1 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (Stelle) 230. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) Oak Lawn Cemetery Baltimore County 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) & Sons York Co. 15M 9/60 PATDEC 2 1 '61 Carleton & Manage

peen

certificate

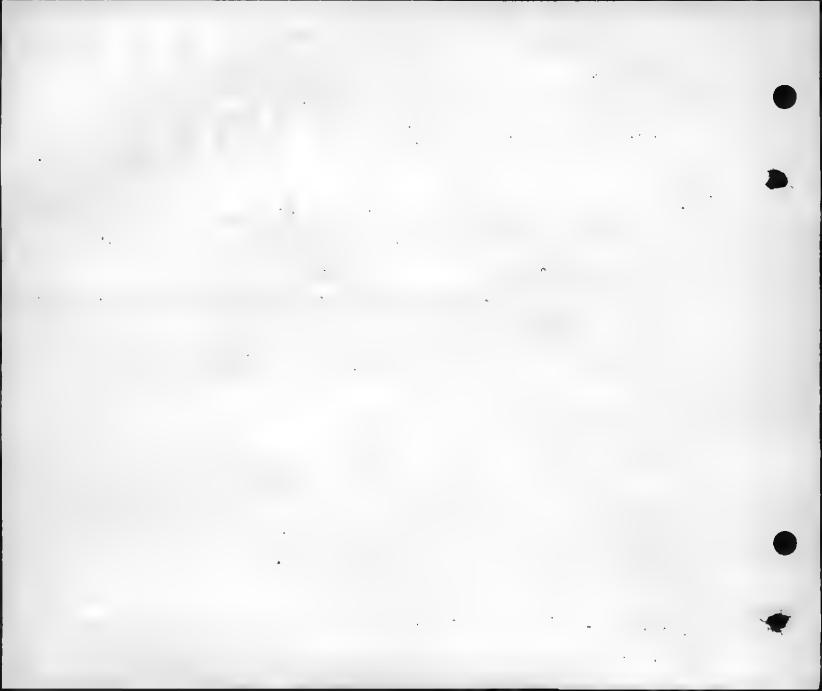


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 3659 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) . PLACE OF DEATH .. COUNTY Baltimore files. Health, Page b, COUNTY Baltimre MARYLAND b CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 15 c CITY OR TOWN (If outs de corporete lim is, write RURAL end give neerest lown) Owing's Mills director Mths Owings Mills d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet addrass) d. STREET ADDRESS IS RESIDENCE ON A FARM? Bently Way Bentley Way retained he State B YES NO 4 3. NAME OF F rst Midda 4. DATE DECEASED (Type or print) DEATH STEPHEN ROHN 19 61 KENNETTE with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In yaers | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Hours Male WIDOWED [DIVORCED [Sept. 10a. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY 13. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if retired) Baltimore Md. Infant pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Roy Menry Rohn Joyce Akinaga 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address Roy Henry Rohn. 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which gava rise to immediate causa **DUE TO** (a), stelling the underlying cousa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19, WAS AUTOPSY PERFORMED? nous. NO M 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of in any in Part I or Pert II of Jam 18.) 20a EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. more certificate, writing 20c TIME OF INJURY 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, ferm, 20f. (City or fown) Month, Day, Year factory, street, offica bldg., atc.) While Not While nous. et work O.B. Inspection X 21, I certify that I took charge of the remains described above, held an Autopsy | Inquiry X, and in my opinion DIRECT death resulted from: Natural causes Accident . Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER Cagles designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED Should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Street, city, town, or county) 726. NAME OF CEMETERY OR CREMATORY 22e, SURIAL, CREMATION | 225. 22d. LOCATION (City, lown, or country) Druid Pikesville.Md. 0 REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME Chillian S. Firms 5M 7/59



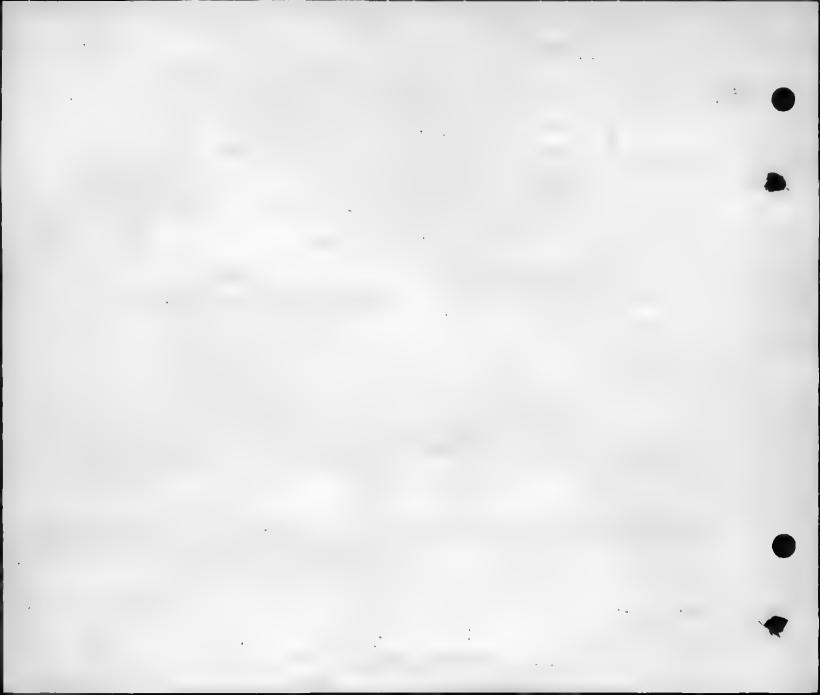
1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edmission) COUNTY e. STATE **b.** COUNTY Baltimore Baltimore 20 MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give nearest town] filled in Pages 1 Daltimore Daltimore de de d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE hours ON A FARM? 4736 Ridge Road Ridge Road letely YES NOT 3. NAME OF DATE Midd e Month DECEASED OF Elizabeth 12 Rovahn 1961 (Type or brint) DEATH and within 5. 5EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last, birthday) Female Davs Hours White WIDOWED TO DIVORCED [physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Housewife Germany II S A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Sueck Unknown ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO | 17. INFORMANT Address (Yes, no. or unkown) [Hyesgivewerordelesofservice] Mr William C Royahn 4736 Ridge Road (6) ihe i None affending physician. 18. CAUSE OF DEATH [Enter only one cause per ine for (e), ,b], end (c)] INTERVAL BETWEEN has been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if any, which geve rise to immediate cause DJE TO (B), stering the underlying the cause last. After this certificate PART II OTHER SIGN, FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART WAS AUTOPSY hospital PERFORMED? YES NO [CERTIFICA 20a. ACCIDENT WAS UNDERLYING | 20b DESCRIBE HOW INJURY OCCURED (Enter neture of in ury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) (Stela) (County) factory, street, office bldg , etc.] While Hour e.m. Not While Should be de at work et work p.m. 100 21. | certify that (I) (this hospital) attended the deceased from. 19 6 that (I) (we) last , and that death occured at O.P.M. from the causes and on the date stated above. saw the deceased alive on. 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. page with t 22c PHYSICIAN S NAME (Type) 23a, BUR.AL, CREMATION, 23b DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stete) REMOVAL (Spec fy) burial Parkwood Cemeterv Baltimore Maryl and 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 1SM 7 61

ARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) funeral director. Page rained for your files. State Board of Health, e. COUNTY e. STAIS b. COUNTY MARYLAND CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 IOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitaling ve street address) d. STREET ADDRESS State 3. NAME OF First Middle DECEASED DEATH (Type or print) 2 with AGE (in years | IF UNDER 1 YEAR 5. SEX DATE OF BIRTH 7 MARRIED 2 NEVER MARRIED 2, and 2, and 2 will hours a last buthday) Months 1 gyrs. WIDOWED DIVORCED Give Pages 1, 2, PMS. Page 5 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? 100 m done during most of working life, even if relired) pages 1 erra 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address in pencil in Item 18. (Yes, no. or unknwn) i (If vesquewer or detes of service) Office along with burial-transit perm 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c). E PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e. DUE TO Conditions, if any, which (b) gave rise to immediate cause "pending" vs rd DUE TO (e), steting the underlying Examiner 25 ò couse lest. used ion, o PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G. YEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION Jose execute the certificate, writing the word should be forwarded to the Chief Medical EFUNERAL DIRECTOR: Page 3 should be cremat 206. DESCRIBE HOWANDURY OCCURED. (Enter neture of Injury in Pert I or Part II of Item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. Chief J 20c. TIME OF INJURY 20d. INJURY OCCUPAGE | 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) age to br Month, Dey, Yeer Not While factory, street, office bldg., etc.) MEDI While Hour a.m. el work el work Prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection agent, death resulted from: Accident Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated BEFOREME ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 228. BURIAL, CREMATION. 226. NAME OF CEMETERY OR CREMATORY DATE THEREOF 22c. 22d. LOCATION (City, town, or country) REMOVAL (Specify) 0 FUNERAL DIRECTOR REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. ATSME DATEDEC 2 6 arthur S. Kraus 5M 7/59

IS RESIDENCE ON A FARM?

YES NO

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

and in my opinion

DATE SIGNED

(Stete)

NO

Devs

IF UNDER 24 HRS



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1000	ฮ	CERTIFICAT	E OF DEATH		
PLACE OF DEATH			2. USUAL RESIDENCE (Wh		on: Residence before adm s
	timore	MARYLAND	o. STATE Md.	b. COUNTY	: 11 .
b. CITY OR TOWN (if outside	corporate limits.	c. LENGTH OF STAY IN 16		e corporate limits, write RURA	L end give rearest town
write RURAL and give ne	onsville	Life	Catons	ville	
d. NAME OF HOSPITAL OR	NSTITUTION (if no) in ho	spital, give street address)	d STREET ADDRESS		e. IS RESIDE
222 Mt	DeSales R	d.	222 Mt.DeSa	les Rd.	ON A FA
NAME OF	First	Middle	Last 4 DJ	ATE Month	Day Year
	Alvin	G. Ruppel S		Dec. 28	, 19 6]
SEX 6. COI	OR OR RACE 7. MARRI	ED NEVER MARRIED [6.	DATE OF BIRTH	9. AGE (In years IF UND	
M.	W. WIDOW	ED DIVORCED S	ept.28,1913	48 yrs. Month	ns Days Hours M
a. USUAL OCCUPATION (GIVene during most of working life	e kind of work 10b. I	TIND OF BUSINESS OR INDUSTRY	It SIRTHPLACE (County & Ste	te, or foreign country) 12,	CITIZEN OF WHAT COUR
School Tead		alto.City	Md.		UBA
. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
	rederick R		Elizabeth F	idler	
WAS DECEASED EVER IN U	ARMED FORCES? 16.	SOCIAL SECURITY NO 17. II	NFORMANT	Address	
18. CAUSE OF DEATH	Enter only one cause per CAUSED BY: TE CAUSE (e) DUE TO	5-07-6996 Mr. (1.00 for ,a), (b), and (c)) lano-sar yuning in r	comatosis g	pel,222 Mt] eneralized	
PART I, DEATH WAS IMMEDIA Conditions, Wany, which gave rise to immediate cause (a), stating the underlying cause tast.	Enter only one cause per CAUSED BY: THE CAUSE (e) DUE TO (b) DUE TO (c)	line for (a), (b), and (c)] clano-sar guining in r	comatosis gight eye g	eneralized	
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PART I, DEATH WAS IMMEDIA Conditions, Wany, which gave rise to immediate cause (a), stating the underlying cause tast.	CANT CONDITIONS CO	I.ne for (a), (b), and (c)] Lano-sar Juning in r MTRIBUT.NG TO DEATH BUT NO.	comatosis g ight eye	eneralized EASE CONDITION GIVEN IN E	ONSET AND DEAT 2 WAS ALTO PERFORME
PART I, OTHER SIGNIFICANT OF CONTRIBUTING CAU 20a. ACC.DENT WAS UND OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICA	Enter only one cause per CAUSED BY: TE CAUSE (e) DUE TO (b) DUE TO (c) CANT CONDITIONS CO SERLYING SE OF DEATH L EXAMINER) CAUSE OF DEATH L EXAMINER	Ine for (a), (b), and (c)] Lland - Sar Juning in A MTRIBUT.NG TO DEATH BUT NO SCRIBE HOW INJURY OCCURED. INJURY OCCURED 200 PLACE MOT While Racte	comatosis gight eye g	EASE CONDITION GIVEN IN F	ONSET AND DEAT 2 WAS ALTO PERFORME
1B. CAUSE OF DEATH PART I, DEATH WAS OF IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART I, OTHER SIGNIFIED OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL CAUSE) 20c. TIME OF INJURY MEDICAL CAUSE CAU	CANT CONDITIONS CO ERLYING CAMINER) CONTROL CONDITIONS CO CANT	Ine for (a), (b), and (c)] Lland - Sar Comming in A NTRIBUTING TO DEATH BUT NO SCRIBE HOW INJURY OCCURED. INJURY OCCURED 200 PLACE of Not While of Not W	comatosis g ight eye FRELATED TO THE TERMINAL DIS (Enter nature of injury in Part I or CE OF INJURY (Home, farm, rry, alreet, office bldg., etc.) 31. Oct., 19.5.	EASE CONDITION GIVEN IN F Part II of tem 18.) (City or town)	ONSET AND DEAT 2 WAS ALTO PERFORME YES NO County) (Stell
PART I, DEATH WAS IMMEDIA Conditions, it any, which gave rise to immediate cause (a), staling the underlying cause tast. PART I, OTHER SIGNED OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL TIME OF INJURY MEDICAL CAUSE).	CANT CONDITIONS CO. CERLYING CATH CATH CONDITIONS CO. CERLYING CATH CATH CATH CATH CATH CATH CATH CATH	Ine for (a), (b), and (c)] Lland - Sar Comming in A NTRIBUTING TO DEATH BUT NO SCRIBE HOW INJURY OCCURED. INJURY OCCURED 200 PLACE of Not While of Not W	complosis g ight eye FRELATED TO THE TERMINAL DIS (Enter nature of injury in Part I or CE OF INJURY (Home, farm, 20f, rry, alreet, office bldg., etc.)	EASE CONDITION GIVEN IN F Part II of tem 18.) (City or town)	ONSET AND DEAT 2 WAS ALTO PERFORME YES NO County) (Stell
PART I, DEATH WAS OF DEATH PART I, DEATH WAS OF DEATH WAS OF DEATH WAS OF DEATH WAS OF DEATH WAS UND OR CONTRIBUTING CAUSE OF C	CANT CONDITIONS CO. CERLYING CATH CATH CONDITIONS CO. CERLYING CATH CATH CATH CATH CATH CATH CATH CATH	Ine for (a), (b), and (c)] Lland - Sar Comming in A NTRIBUTING TO DEATH BUT NO SCRIBE HOW INJURY OCCURED. INJURY OCCURED 200 PLACE of Not While of Not W	(Enter nature of injury in Part I or CE OF INJURY (Home, farm, 20f, rry, street, office bdg., etc.) 31. Oct., 19.5. death occured 2.45.0. ATTENDING MED., DIRECTO	EASE CONDITION GIVEN IN F Part II of tem 18.) (City or town) 2 to 2—8 Dec, from the causes and co	ONSET AND DEAT 2 WAS ALTO PERFORME YES NO County) (Stell
1B. CAUSE OF DEATH PART I, DEATH WAS OF IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause tast. PART I. OTHER SIGNIFIED OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICA 20c. TIME OF INJURY M	CANT CONDITIONS CO. CERLYING CATH CATH CONDITIONS CO. CERLYING CATH CATH CATH CATH CATH CATH CATH CATH	Ine for (a), (b), and (c) Land - Sar Comming in A NOTEBUTING TO DEATH BUT NO SCRIBE HOW INJURY OCCURED. INJURY OCCURED 200 PLACE INJ	ERLATED TO THE TERMINAL DIS (Enter nature of injury in Part I or (En	EASE CONDITION GIVEN IN F Part II of tem 18.) (City or town) 2 to 2—8 Dec, from the causes and co	ONSET AND DEAT ONSET AND DEAT PART 1(a) 19. WAS AUTO PERFORME YES NO (State On the date stated ab 22b. DA
PART I, DEATH WAS IMMEDIA Conditions, If any, Which gave rise to immediate cause (a), stating the underlying cause test. PART I, OTHER SIGNIFIED CAU (IF EITHER, NOTIFY MEDICA 20c. TIME OF INJURY MEDICA 20c. SIGNATURE 20c. PHYSICIAN'S NAME (Type) E A 20c. BURIAL CREMATION, 23	Enter only one cause per CAUSED BY: THE CAUSE (e) DUE TO (b) DUE TO (c) CANT CONDITIONS CO ERLYING 20b. DE: SE OF DEATH L EXAMINER) (c) (d) (d) (d) (d) (e) (T) (A) (A) (A) (A) (A) (A) (A	Ine for (a), (b), and (c) Land - Sar Comming in A NOTEBUTING TO DEATH BUT NO SCRIBE HOW INJURY OCCURED. INJURY OCCURED 200 PLACE INJ	ERLATED TO THE TERMINAL DIS (Enter nature of injury in Part I or CE OF INJURY (Home, farm, rry, alreet, office bldg., etc.) 31. O.C.T. 19.3. death occured 62. 45.M. ATTENDING MED. DIRECTO 22d ADDRESS RED. WINNER CO. 19.3. ATTENDING MED. DIRECTO DIRECTO 22d ADDRESS RED. WINNER CO. 19.3.	EASE CONDITION GIVEN IN E Part II of tem IB.) (City or town) 2 to 2 Dec, from the causes and constants.	ONSET AND DEAT 2 WAS AUTO PERFORME YES NO 196., that (I) () on the dale stated ab 226. DA Balta 29 Balta 29
DART I, DEATH WAS IMMEDIA Conditions, it any, which gave rise to immediate cause (a), stating the underlying cause last. PART I, OTHER SIGNIFI 20a. ACC.DENT WAS UND OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICA 20c. TIME OF INJURY North a.m., p.m. 21. I certify that (I) saw the deceased alive 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) E OR REMOVAL (Specify)	Enter only one cause per CAUSED BY: THE CAUSE (e) DUE TO (b) DUE TO (c) CANT CONDITIONS CO ERLYING 20b. DE: SE OF DEATH L EXAMINER) (c) (d) (d) (d) (d) (e) (T) (A) (A) (A) (A) (A) (A) (A	Ine for (a), (b), and (c) Lland - Sar Lland - Sar MITRIBUT.NG TO DEATH BUT NO SCRIBE HOW INJURY OCCURED. INJURY OCCURED 200 PLACE or Not While or Not W	GENERATED TO THE TERMINAL DIS (Enter nature of many in Part I or CE OF INJURY (Home, farm, 20f, rry, street, office bidg., etc.) 31	EASE CONDITION GIVEN IN F Part II of tem IB.) (City or town) Zto 2—8 Dec., from the causes and constraints.	ONSET AND DEAT 2 WAS AUTO PERFORME YES NO 196., that (I) () on the dale stated ab 226. DA Balta 29 Balta 29

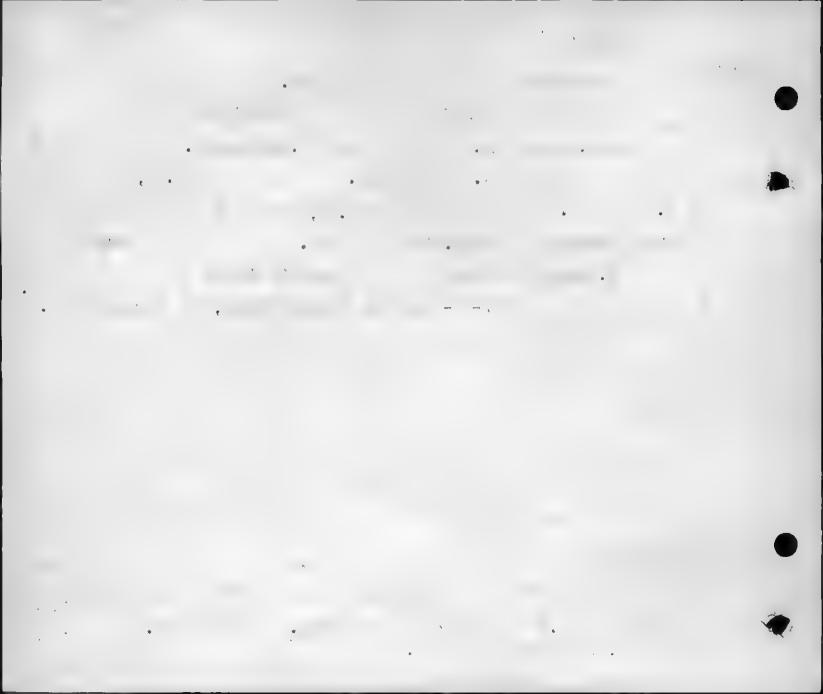
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Comban & Kroma

and connected filled in by the funeral carbon-papers. Pages 1 and 2 should nt, fithin 72, hours after death. mymcmted within 2 with Page 4 retained by the hospital or attending physician.

FUNERAL Difference After this certificate has been signed by the attending physician and confector, page 3 should be detached for use as the burial-transit permit. Then please remove carbonatiled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, fithin ITENDING PHYSICIAN: The War requires that the Meath certificate be HOSPITAL pth. Page 4 FUNERAL DI

VR A15 (4) 15M 7/61



Baltimore, Md.

DATE EC 2 0 '61

A. Halstead Funeral Home

VR A15 (4) 15M 9/60

e. IS RESIDENCE ON A FARM?

YES NO.

IF UNDER 24 HRS.

I 12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

PERFORMED?

12/18/61GNED

Maryland

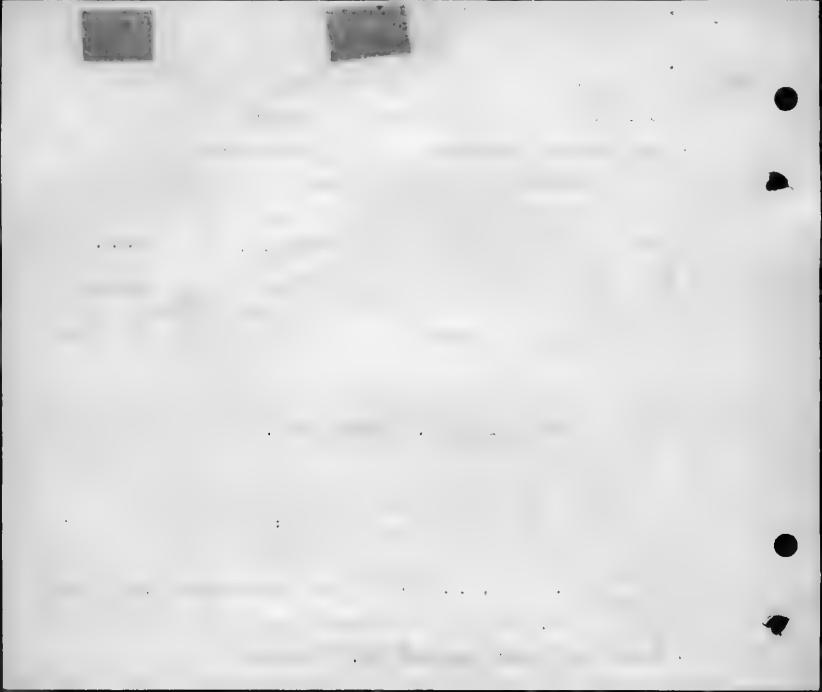
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MADVIAND STATE DEPARTMENT OF HEALTH

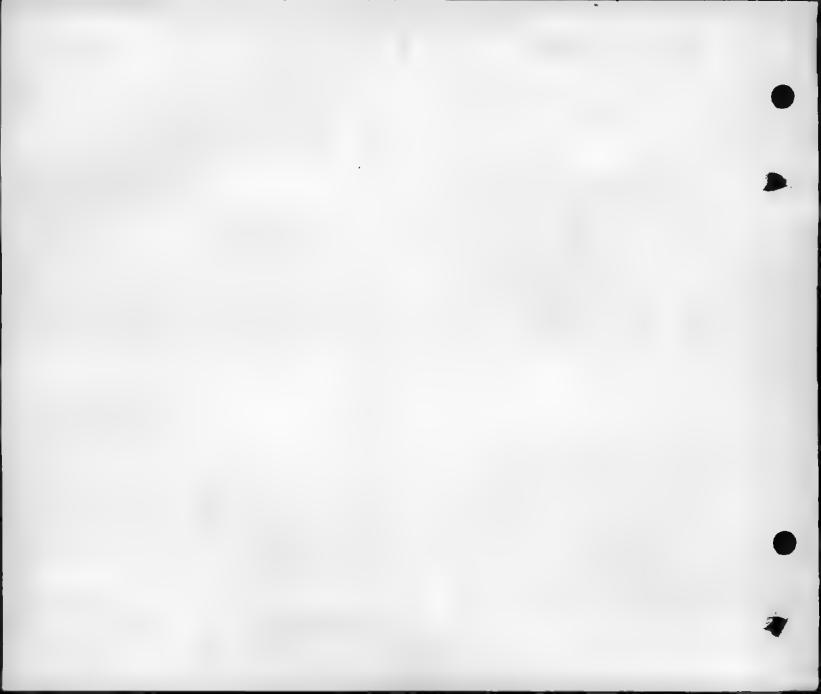
MAKILAN	D SIMIE	DEPARTME		ALID
ISION OF STATISTICA	L RESEARCH	AND RECORDS -	- BALTIMORE	1, MARYLANI

Beauty Salons Baltimore, Md. USA 13. FATHER'S NAME Eleazer Sacks Mira ? 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? Id. SOCIAL SECURITY NO IT. INFORMANT If you, you want of date of forcial in your date of your date of forcial in your date of your date of your date of forcial in your date of your da			DIVISION	OF STATISTICAL RESEAL				MARYLAND				
B. CCUNTY B. CITY OR TOWN (If outlide corporate limits, write c. CENGTH OF STAY IN 16 C. CITY OR TOWN (If outlide corporate limits, write RURAL and give means) local property of the property of the RURAL and give nearest local property local property of the RURAL and give nearest local property local			13666	CERTIF	ICAT	E OF DEATH				15	REA	1
Bultimore d. NAME OF MOSPITAL (froit in braginal, pire street address) OR INSTITUTION 6611 Baythorne Rd. 3. NAME OF MOSPITAL (froit in braginal) pire street address) OR INSTITUTION 6611 Baythorne Rd. 5. EARL OF MOSPITAL (froit in braginal) pire street address) OR INSTITUTION 6611 Baythorne Rd. 5. EARL OF MOSPITAL (froit in braginal) pire street address) OR INSTITUTION 6611 Baythorne Rd. 5. EARL OF MOSPITAL (froit in braginal) pire street address) OR INSTITUTION 6611 Baythorne Rd. 5. EARL OF MOSPITAL (froit in braginal) pire street address) OR INSTITUTION 6611 Baythorne Rd. 5. EARL OF MOSPITAL (froit in braginal) pire street address) OR INSTITUTION 6611 Baythorne Rd. 5. EARL OF MOSPITAL (froit in braginal) pire street address) OR INSTITUTION 6611 Baythorne Rd. 5. EARL OF MOSPITAL (froit in braginal) pire street address of the mospital pire street and s	1. P	LACE OF DEATH	Baltimor	e MARYL	AND	a. STATE	-	b. COUNTY	1/2 1/4			on)
3. NAME OF DECEASED IN SECURITY NO. 17. INFORMANT PART I.G. 187 MAGE IN JUNE 2. ACCEPTINT EACH PORT COUNTRY DUE TO THE ESTIMATION OF PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.G. 187. WAS JUNOSY YES IN DUE TO LOCATE IN INJURY MAGINE DUE TO LOCATE INJURY MAGINE DUE TO LOC	Ь	RURAL and give n	earest lown)	le c. LENGTH OF STAY I	N 1b	./	· ·					
DECEASED (Type or print) TSADORE BERNARD SACKS SEX A COLOR OR RACE T. MARKED BY NEVER MARKED BY NOVER BEAUTY SALORS BY NOVER BY NOVER BEAUTY SALORS BY NOVER BY NOVER BEAUTY SALORS BY NOVER BY NOVER BY NOVER BY NOVER BEAUTY SALORS BY NOVER BY NO	C	I. NAME OF HOSPI OR INSTITUTION	, , , ,	· ·			aytho	rne Rd.			ON A	FARM?
Male White WIDOWED DIVORCED JULY 9, 1911 to this birthopy: Nomith Days Mounth Day Mounth	0	DECEASED			SACK		OF	_		3.		
Beauty Salons Baltimore, Md. USA Manager	5 \$							last birthday)		$\overline{}$		
Eleazer Sacks Mira ? 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (This, to, or inhoboson) 16. SOCIAL SECURITY NO Mrs. Rebecca Sacks Same 18. CAUSE OF DEATH [Enter only one couse per line for (a), [b), and (c)) PART I. DEATH WAS CAUSED BY. Conditions, if any, which gave rise to immediate couse (a), tolong the under couse (a), tol		during most of work Man	king life, even if retired)			Balti	more,				WHATC	OUNTRY?
The cause of Death Enter only one course per line far (a), (b), and (c) Part I. of Death Was cause of the per line far (b), (b), and (c) Part I. of Death Was cause of the per line far (c), (b), and (c) Part I. of Death Was cause of the per line far (c), (b), and (c) Part I. of Death Was cause of the per line far (c), (b), and (c) Part II. of Death Was cause of the per line far (c), (b), and (c) Part II. of Death Was cause of the per line far (c), (b), and (c) Part II. of Death Was cause of Death But Not related to the terminal disease condition given in Part I (d) 19. Was autopsy per line far (c), and accident was underlying cause of Death But Not related to the terminal disease condition given in Part I (d) 19. Was autopsy per line far (c), both related to the terminal disease condition given in Part I (d) 19. Was autopsy per line far (d), and accident was underlying cause of Death But Not related to the terminal disease condition given in Part I (d) 19. Was autopsy per line far (d), and accident was underlying cause of Death But Not related to the terminal disease condition given in Part I (d) 19. Was autopsy per line far (d), and accident was underlying cause of Death But Not related to the far (d) 19. Was autopsy per line far (d), and accident in Part II (d) 19. Was autopsy per line far (d), and accident in Part II (d) 19. Was autopsy per line far (d), and accident in Part II (d) 19. Was autopsy per line far (d), and accident in Part II (d) 19. Was autopsy per line far (d), and accident in Part II. of Part II. of III. of II. of III. of III. of II. of III. of					T IA1P	Mira	?	44.4				
PART II. DEATH WAS CAUSED BY: Carebral Neuroblack		NAS DECEASED EVE	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO			Sack					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of wark of war	7	Conditions, if a gave rise ta i couse (a), sloting lying couse lost.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ny. which (b) mmediate the under- (c)	Cerebral M Lyportensur	Car	rkage der Varu	lar	Wisean	L	ONS	J y	PEATH
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of wark of war	ERTIFICATIO	20g ACCIDENT WA	AS LINDERLYING D 20b.						CO HA PAK	1(0) (:	PERFO	RMED?
27. I certify that (1) (this haspital) attended the deceased from		20c. TIME OF INJUI Hour a. m.	Y Month, Day, Year 20	hile Not while	20e. PLA fact	CE OF INJURY (Home, far ory, street, office bldg., et	m, 20f. (City c.)	or tawn}	(4	County)		(Stote)
NAME (Type) JOSE 9 th S. BLUAI CVD (117) (a (200, 1) a 7) 23a BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY PREMOVA. (Specify) 1/2/1962 Beth El Memorial Park Randallstown, Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25o. REC'D BY REGISTRAR'S SIGNATURE		saw the decea 22a SIGNATURE	11 1. TYA	- / /	that de	eath accurred at 3	AED	the causes an			stated	abave.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	2 3a	NAME (Type)	1-1-1-	23c NAME OF CEME	TERY OR	CREMATORY		2 2 2		36.	-	e}
Sol Levinson & Bros. 6010 Reist. Rd. DATE JAN 4 '62 without A Thank	_	FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS		250. REC	D BY REGIST	RAR 25b. REGI	STRAR'S SI	GNATU	RE	

director, fited with Page 4 Description of AT IDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after describe the retained by house the strained by the attending physician.

Descriptions of the strained by the strained by the attending physician and campletely and in by the funeral page 3 shauld be detached for use as the burial-transit permit. Then places remove carbon papers. Pages I and 2 shauter the State Baard of Health prior to burial, cremation, or removal, and in any event, within 72 hadrs after death. TO 0

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13667

CERTIFICATE OF DEATH

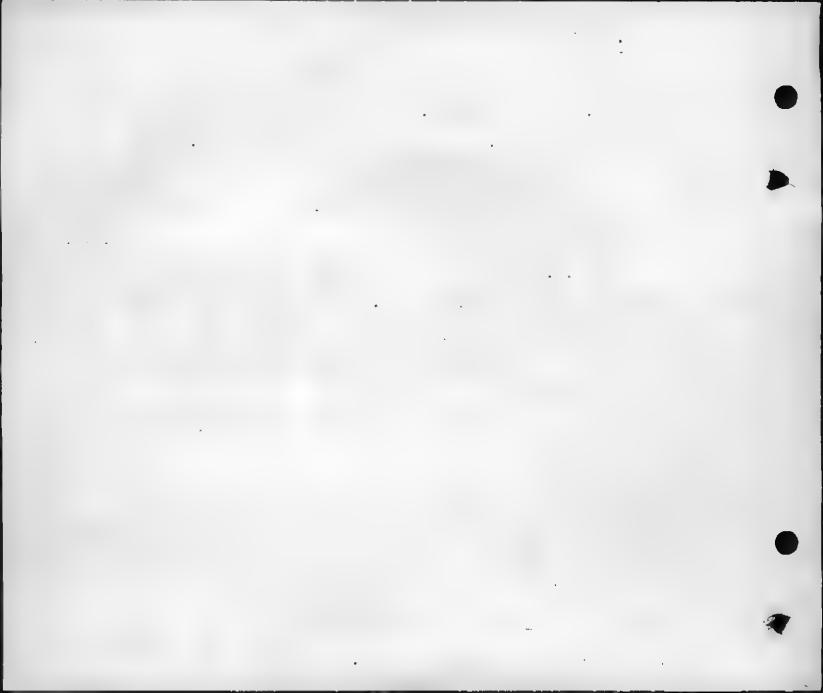
-						13345
1. PLACE C	NTY		2. USUAL RESIDE	ENCE (Where deceased live	6 COUNTY _	
	Baltimore	MARYLAND	Mar	yland	Bal	timore
b. CITY RURA	OR TOWN (If autside carparate limits, write L and give nearest town)	c. LENGTH OF STAY IN 1b		OWN (If outside carparate I	imits, write RURAL and p	give nearest town)
To	owson 4,	20yrs.		on 4,		
d. NAM	E OF HOSPITAL (If not in hospital, give street NSTITUTION LOO4 Concord1a Dr.		d. STREET AD			e. IS RESIDENCE ON A FARM?
]	1004 Concordia Dr.		1004 C	oncordia D	r.	YES NO 🔼
3 NAME (OF First	Middle	Last	4. DATE OF	Month	Day Year
(Type or	11 T T T T T T T T T T T T T T T T T T		Sanford	DEATH	12-27	19 61
5 SEX	6 COLOR OR RACE 7 MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	lo lo	t birthday) Months	Days Hours Min
-	nale white wipow		3-14-1		88 yrs	
10a, USUAI during	LOCCUPATION (Give kind of work dane 10b most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11, BIRTHPLA	CE (State ar foreign country		ZEN OF WHAT COUNTRY?
	omemaker	home		rginia		U.S.A.
13. FATHER	'S NAME		14. MOTHER'S A	MAIDEN NAME		
	Samuel P.H. Mille		Fann	ie ??????		
15, WAS DI (Yes, no. or u	ECEASED EVER IN U. S. ARMED FORCES? 16.		NFORMANT		Address	
Y	10	none C.	. Miller	Sanford,	above	
1B CA	AUSE OF DEATH [Enter only one cause per l	ine for (o), (b) and (c))	4	4	,	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	- 670 Ma	741	170m6	0965	24/1/1
	U DIL TO		11/2	1	1	1.
	ditians, if ony, which) (by	Unelaleze	4/12	lecosel	doce	10-41
	rise to immediate DUE TO			•		
lying	couse last. (c)					
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE COL	NDITION GIVEN IN PAR	T 1(o) 19 WAS AUTOPSY PERFORMED?
						YES NO
OR CO	CCIDENT WAS UNDERLYING 206 DES INTRIBUTING 2 CAUSE OF DEATH HER, NOTIFY MEDICAL EXAMINER	SCRIBE HOW INJURY OCCURRE	D. (Enler noture of	injury in Part I or Part II of	item 1B.)	
		E_	ACE OF INJURY (H	ome, form, 20f (City or to	iwn) (f	County) (State)
WED '	four o.m. While p.m. 19 pt wo	rk at work	retary, siron, office	bruge, ere.)		
21 1 6	certify that (1) (this haspital), attem	ded the decensed from (007	19/2 70 20	2-26 196	that (I) (ye) last
1 1	the deceased alive an	./ / /		atM, fram the		
	IGNATURE/					22b.DATE SIGNED
1/	elizable tox	Jun Il	M D PHYS.	DIRECTOR ST	AFF RYS	SIGHED
	HYSICIAN'S AME (Type)		22d ADDRES		1-014	E/ M-/
	Thay est	U LOMA		201 701/	130-1	T///
23a BUR A	L CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY C	OR CREMATORY	23d LOCATION	(City, town or county)	(Stole)
Bur	1al 12-29-61	Elkton Cem	etery	Elkto	n, Virgin	11a
24, FUNERA	AL DIRECTOR'S SIGNATURE	ADDRESS		250. REC'D BY REGISTRAR	256. REGISTRAR'S SI	GNATURE
Brook	ks Funeral Service	e, Towson 4,	Md.	DATEDEC 2 9 '61	Circles &	Timus

in by the funero and 2 should be be retained by hasp.tal or ottending physicion.

VANERAL DIRECTOR: After this certificate has been signed by the attending musician man campletely med page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health priar to burial, cremotian, or removal, and in my event, within 72 mours offerdeath. DING PHYSICIAN: The law requires that the death certificate be executed within 01

VR A15 (4) 15M 9/59

directar, filed with



end 2 should urs after TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within lath. Page 4 to entained by the liospital or attending physician.

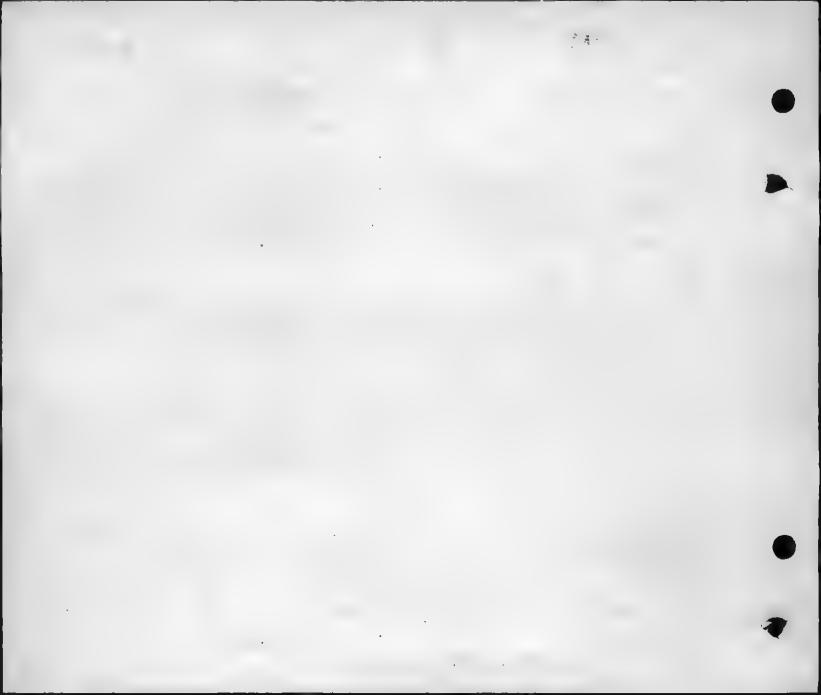
FUNERAL DIRECTOR All this certifical has been signed by the all ding physician and letely filled in director, page 3 should be detached for use as the burial-transit partit. Then plase remove carbon-papers. Pages 1 be filed with the Stall Diet. of Health plant to burial, cremation, or removal, and in any event, within 72 hours after

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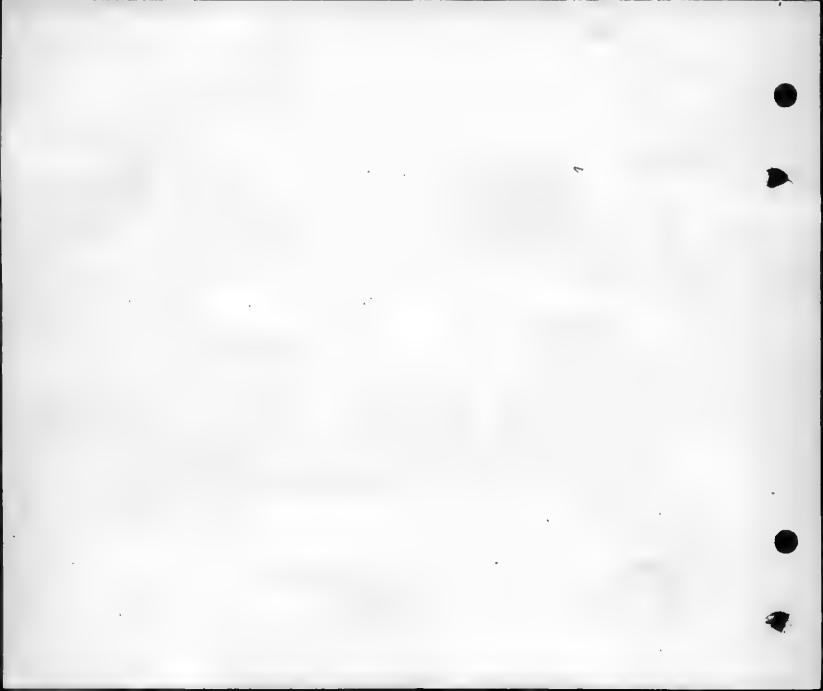
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MAK	TLAND STATE DEPA	KIMENI OF	REALIN	
DIVISION OF STATISTICAL RESE	ARCH AND RECORDS, 3	01 W. PRESTON	STREET, BALTIMORE	I, MARYLANI
DIVISION OF STATISTICAL RESE	CERTIFICATE	OF DEATH		13646

1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where de	sceased lived, If institu	tion: Residence before edmission)
	Baltimore	MARYLAND	. STATE Maryland	b, COUNTY	Balto
	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	A1 /10	AL and give nearast town)
	write RURAL and give nearest town] Cowington	6 705	X Cowington		
	d NAME OF HOSPITAL OR INSTITUTION (# no	of in hospital, give street address	d. STREET ADDRESS		. IS RESIDENCE
	302 Horange Road		302 Horango R	load	ON A FARM? YES NO
3,	NAME OF First	Middle	Last 4. DATE	Month	Day Year
	(Type or print) Edna	S Sarangou	ılis or	12	9 1961
5	SEX 6. COLOR OR RACE 7.			. AGE [In years IF UP	DERTYEAR THUNDER 24 HRS.
	Female White w	/IDOWED DIVORCED	10-31-1893	last bythday] Mon	iths Days Hours Min.
10a	n. USJAL OCCUPATION (Give kind of work one during most of working life, even if retired)	TOB. KIND OF BUSINESS OR INDUSTR	Y 11 BIRTHPLACE (County & Stele, or	foreign country] 1:	2. CITIZEN OF WHAT COUNTRY?
-	Housewife	Housewife	Blandon Pa.		USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		_
	John Barlett		Sara Suggart		
15.	WAS DECEASED EVER IN U.S. ARMED FORCES	7 16 SOCIAL SECURITY NO 17 1	NFORMANT	Address	
(A.	os, no or unkown) (Ifyesg vewarordetesofservi	col, 210-24-4804 Wi	illiam Sarangoulis	302 Horan	ce Road
-	18 CAUSE OF DEATH Enter only one cau)	I ÎNTÊRVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:	Do a Tu a lat	. CD		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	- Were plans			
	DUE TO	20 27	1 10000		
	Conditions, if any, which [b]	C_R	VV a VIVI.		
	(a), stelling the underlying DUE TO	,			
	cause last. (c)				
O N	PART F. OTHER SIGNIF CANT CONDITION	NS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN	PART I(a) 19. WAS AUTOPSY PERFORMED?
13					YES NO
CERTIFICATION	200 ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Part 1 or Part 1	, of item 18.)	
	20c. TIME OF INJURY Month, Day, Year	20d, INJURY OCCURRED 20e, PLA	CE OF INJURY (Home, form, 201. (Ch	r or fown)	[County] (State)
MEDICAL	Hour e.m.		ory, street, office bldg., etc.)	01 104117	[county] (county)
	21. I certify that (I) (this hospital)	attended the deceased from.		17.9	, 19(a, that (I) (we) last
	saw the deceased alive on	- 9 19 6 1 and that	death occured at M, from		
	229 SIGNATURE	T			22b. DATE
	1 MANYINAM 1	hinas diagram	ATTENDING MED, PHYS DIRECTOR	STAFF PHYS.	SIGNED
	22E. PHYSICIAN'S	Service of the Colombia	22d. ADDRESS		
	NAME (Type)				
23	REMOVAL (Specify) 12-12-196	- 1 01 7 677501	or Crematory 123d. Loc ns Cemetery Rea	ATION [City, fown or iding	county) enna
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D.BY RESIS	RAR 256 REGISTR	AR'S SIGNATURE
1	-1/4. A love	my 7401 Belaw &	DATE		illing & Thomas
ICA	and the sunch the sunch the	La La La La Carra	The state of the s		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13669 CERTIFICATE OF DEATH Reg. Dist. No. 1 3647 PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived. If institution: Residence before admission) filed o. COUNTY o. STATE **b** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) ESSEX should d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? SAMC 20 7 YES NO NO .= NAME OF 4. DATE Month Yeor DECEASED OF DEATH (Type or print) 196 4. COLOR OR RACE 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years lost birthday) Months WIDOWED P DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired! HOUSE WIFE 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 0 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ፭ PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gned gove rise to immediate DUF TO cause (a), stoting the underlying cause lost, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) MEDICAL 20c TIME OF INJURY 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form, 20f (City or town) Doy, Year (County) (Stote) factory, street, office bldg., etc.) Hour o.m. Not while at work at work 21. I certify that I attended the deceased from 19 6/ to-12, 196/, that I last saw the deceased and that death accurred at_ 7 A-M, from the causes and an the date stated above. **DATE SIGNED ACTUAL** SURMATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION 22b DATE THEREOF 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) 3_EUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR



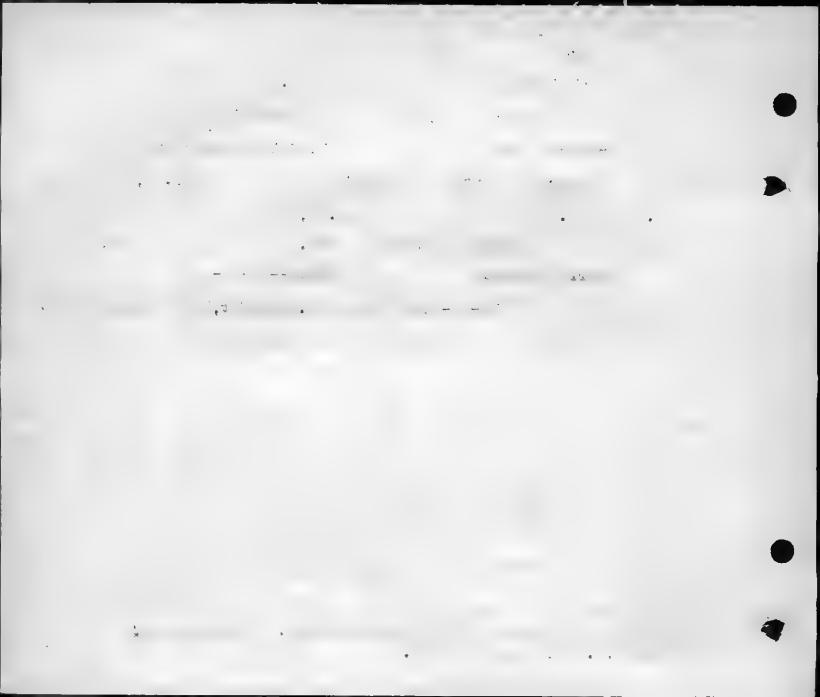
CERTIFICATE OF DEATH I. PLACE OF DESTR 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY 6. COUNTY Md . Baltimore MARYLAND b. CITY OR TOWN (if outs dis corporate rimits, c. LENGTH OF STAY IN 16 c. City OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give neerest town Catonsville Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARME 1106 Landington Ave 1106 Landington Ave YES NO T papers. 3. NAME OF Middle 7 DECEASED OF (Type or print) DEATH Schaefer Pearl Ruth Dec.15. 1961 carbon SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7 , 8. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Oct 27 WIDOWED -DIVORCED 10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country, 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) American Stores Clerk 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry Pinkler Mamia--15. WAS DECEASED EVER IN J.S. ARMED (Yes, no, or unkown) (If yes give were released service) 16 SOCIAL SECURITY NO. 1 17. INFORMANT Address Ernest H.Schaefer, 1106 Landington Av 18. CAUSE OF DEATH [Enter only one cause per time for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: , Wast remonery IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gava risa to immediate causa DUE TO (e), stelling the underlying cause last. PART .. OTHER SIGN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND. TION GIVEN N PART 1(a) 19. WAS AUTOPSY PERFORMED? NO L , 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of Item 18.) 200 ACCIDENT WAS UNDERLYING LI OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (Stete) (County) fectory, street, office bldg., etc.) While Not While Hour a.m. et work at work ro. m 199. ... that (I) (we) last A.M., from the causes and on the date stated above. 196/..., and that death occured at saw the declased alive on. DATE 22b. SIGNED ATTENDING PHYS. DIRECTOR PHYS. 22c PHYSICIAN'S 22d. ADDRESS 230, BURIAL CREMATION 1236, DATE THEREOF. L 1236 NAME OF CEMETERY, OR CREMATORY 23d. LOCATION (City, lown or county) REMOVAL (Specify) NA71 Dorraine Park Centy Woodlawn Md. Burial TREC'D BY REGISTRAR 1256, REGISTRARIS SIGNATURE VR A1S (4) Edmondson Ave. 15M 7 61 DATE 050 1 8 '61 Circlines & Through

MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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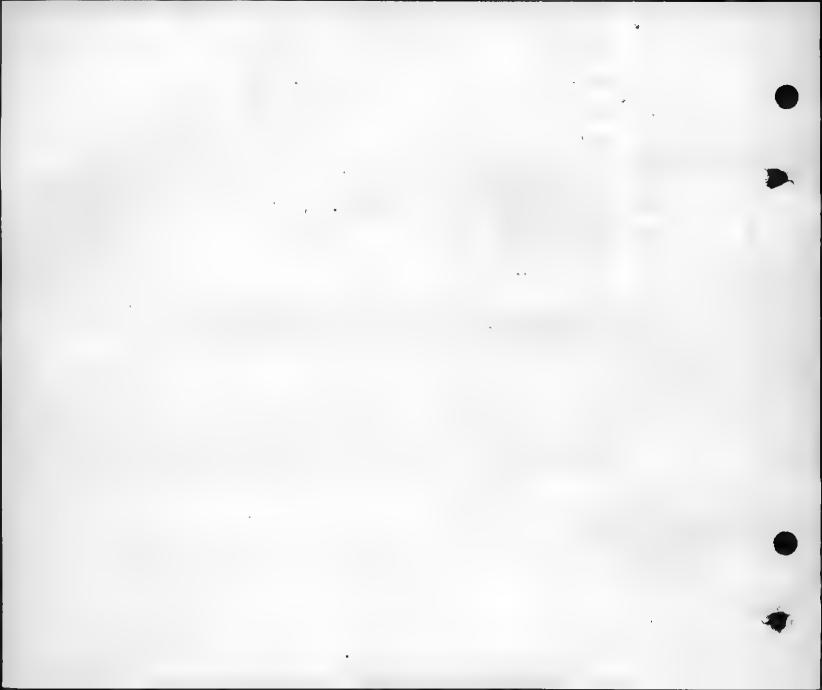
DIRECTOR FUNER



9302 Harford

VS A15 (4) 1SM 9/58

vans



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

13650 Reg. Dist. No.

_			
1.	PLACE OF DEATH o. COUNTY BHLTIMORE MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution Residence a STATE b. COUNTY	before admission)
;	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give hearest fown)	c.CITY OR TOWN (If outside corporate limits, write RURAL and giv	e nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 8337 Pulasiki Hahu	1 d'STREET ADDRESS Y. 8337 Pulaski Hahw	a. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) JOHN First Middle LEONAR D	SCHAFER SR DEATH /2	Doy Year 196/
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	The state of the s	YEAR IF UNDER 24 HRS
10	b. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUduring most of working life, even if retired)	STRY 11. BIRTHPLACE (State ar fareign country) 12 CITIZE MARUIA W	S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME 149NCS INTNKLE	R
15. [Y	WAY DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 18, gb for unknown; (If yes, give war ar dottes of service) 215-36-8070 E	Edwhald Schafer	SAME
	IB. CAUSE OF DEATH {Enter only one couse per line for (o), (b), and (c).} PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).	of Oldema	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate couse (o), stating the under-lying couse lost. DUE TO DUE TO Conditions, if ony, which gave rise to immediate couse (o), stating the under-lying couse lost.	Par Hypertensine Disease	15 years
CATION	PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19 WAS ALTOPSY PERFORMED? YES NO
L CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING ALUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enter nature of injury in Port I ar Port II of item 18.)	
MEDICA		ACE OF INJURY (Home, farm. 20f (City or town) (Coclory, street, office bldg, etc.)	inty) (State
	21. I certify that I attended the deceased from Till alive an 12 pt 26, 19 61, and that death ACTUAL SIGNATURE Michael J. Dousek	n accurred at 9.304, M, fram the causes and an the captered of the state of the captered of th	
_	PHYSICIAN'S NAME (Type)		
22	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CONTROL (Specify) 12/19/6/ HOLY KC. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	deemer BALTIMORE	(State)
. 3 E	L. J. Ruck 5305 HARFORD	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	rand



DIVISION OF STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13673 PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) . COUNTY **b.** COUNTY Baltimore MARYLAND Maryland Baltimore b. CITY OR TOWN (if outside corporate limits c. CITY OR TOWN (If outside corporete limits, write RURA» end give neerest town) E. LENGTH OF STAY IN 16 write RURAL and give nearest town) Towson Rural Towson d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospile, give street eddress) STREET ADDRESS . IS RESIDENCE ON A FARM? Villa Maria -- Notch Cliff Glenarm. Maryland YES TO NO 3. NAME OF Month DECEASED OF DEATH (Type or print) Sister Mary Benita (Schenk) Dec 1967 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH AGE (In yeers) IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months WIDOWED DIVORCED [10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I II. BIRTHPLACE 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Rochester, N.Y. RELIGIOUS United States Teacher 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Roman Schenk Martha Schnabel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) Sister M. Henrica Villa Maria, Glen-18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
| IMMEDIATE CAUSE (e) Cerebral Hemorrhage DUE TO Arterio-sclerosis yrs. Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? NO -200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20h DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert I of Item 18.) 20d. INJURY OCCURRED 20e. PLACE OF NJURY (Home, ferm. 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) Not While Hour e.m. el work et work **ATTENDING** SIGNED DIRECTOR PHY5. 22c. PHYSICIAN'S 22d. ADDRESS 7501 York Road Charles F. O'Donne/11 Towson 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) NOTCH CLIFF NR TOWGON, M.D. VILLA MARIA CEM. BURIAL 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 9015, CONR 2706 ST. VR A15 (4) Calling S. Krave 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



A HOSPITAL CONTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has after the page 4 m. I retained by the hospital or attending physician.

CONTENDINECTOR: After this certificate has been signed by the attending physician and content tilled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any loop, within 72 hours after that eat, within 72 hours after OL L VR A15 (4) 15M 9/60

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15. (Yes

MEDICAL CERTIFICATION

23a.

24

MARYLAND STATE DE	EPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS 1367/ CERTIFICAT	5, 301 W. PRESTON STREET, BALTIMORE 1, MA E OF DEATH	RYLAND 3652
LACE OF DEATH COUNTY Baltimore MARYLAND CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give necess town) Fort Howard NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give streat address)	2. USUAL RESIDENCE (Where decessed lived, If institution, Research Start Largand b. COUNTY Largand Harf c. CITY OR TOWN (If outs de corporate limits, write RURAL and g Belair / d STREET ADDRESS	ord
Veterans Administration Hospital NAME OF First M ddle PECEASED Type or print) THEODORE 6. COLOR OR RACE 7. MARRIED M NEVER MARRIED B BLE Unite WIDOWED DIVORCED DIVORCED USUAL OCCUPATION (Give kind of work e during most of working life, even lift refired) Engineer (Mechanical)	19 Lake Drive RD#3 4. DATE OF DEATH December 9. AGE (In years FUNDER 1 Yill lest bribdey) 1/1/84 77 yrs.	ON A FARM? YES NO Y Year 30 19 61 EAR IF UNDER 24 HRS.
Theodore A. Schlatzer WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURTY NO 17. II. 17. II. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE [a) PULIFONARY INSUF. I	ltimore 18, Maryland-FORT HOWARD	
Conditions, if any, which (b) EAPHYSETA, CHRONI gave rise to immediate ceusa (a), steing the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	TC	5 years
STATUS POSTOPERATIVE T.U OF PROSTAT		YES X NO
20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. P.m. 19 20d. INJURY OCCURRED 20e. PLA fect et work et work	CE OF INJURY (Home, farm, 201. (City or town) (County lary, street, office bldg., etc.)	y) (State)
21. I certify that XI) (this hospital) atlended the deceased from saw the deceased alive on Dec. 30	death occured at A.M. from the causes and on the PHYS DIRECTOR PHYS. DIRECTOR PHY	22b. DATE SIGNED 12/30/61
BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY of Burial Burial Baltimore Nature 42nd & Y80RES Road Pan Duneral Home Baltimore 18. Name	inonal Cemetery Baltimore 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIG	1 -



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1 PLACE OF DEATH

1 PLACE OF DEATH

1 PLACE OF DEATH

1 2 USUAL RESIDENCE (Where deceased lived. If just

	1. PLACE OF DEATH Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE b. COUNTY
	b CITY OF TOWN (If outs de carporate limits, write RURAL ond give nearest town)	c STY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUT ON LAMBOR LAWS 3563 Flammery Laws	J STREET ADDRESS ON A FARM? J So 3 Flannery Land ON A FARM? YES NO ST
	3 NAME OF Leva First Migdle (Type or print) Leva Schn	leider 4. DATE Month Day Year OF DEATH 12-10 1961
	5 SEX 7 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In yeors of June 1 year) 10 June 1 year of June 1 year
	10c USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU- during most of working life, eyen if retired)	Baltimore Md WSA
	Danuel Feinberg	Hannah Fembers
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (I'es, no. or unknown) (If yes, give wor or dates of service)	Slis Achneider - Jane
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Canditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause last.	e Cardinanda Discon 10 yrs
-	CATC	NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPS' PERFORMED? YES \(\sum_{\text{N}}\) NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Port II of item 18)
	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED for work of wark p. m. 19 of work of wark	ACE OF INJURY (Home, form, 20f (City or tawn) (County) (State ctary, street, affice bldg., etc.)
	220 SIGNATURE SEA / . /	death accurred a ZpM, from the causes and an the date stated above ATTENDING MED. PHYS. 22d ADDRESS 7306 Liberty Rd Reft. 7 MM
	230 BUR AL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OF CEME	OR CREMATORY 23d. LOCATION (City town, or county) The (State)
	2 FUNERAL DIRECTORS SIGNATURE 2100 ENTERED	PL 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE EC: 1 4 '61 & through

40000

e red in by the funeral director, Pages 1 and 2 should be filed with death. Page 4 24 hours ofter DING PHYSICIAN: The law requires that the death certificate be executed will ADSPITATOR A DING PHYSICIAN: The law requires that the death certificate be executed will be retained by hospital or attending physician.

UNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Peter State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after

VR A15 (4) 15M 9/59

ADDRESS

Sol. Levinson & Bros. Inc. 6010 Reist.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

Haurs

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

12. CITIZEN OF WHAT COUNTRY? USA

Days

(County)

York

24b REGISTRAR'S SIGNATURE

Til 1 & Thomas

24a, REC'D BY REGISTRAR

FIGATE

YES TO NO TO

Y=9"

VS A15 (4) 15M 9/58

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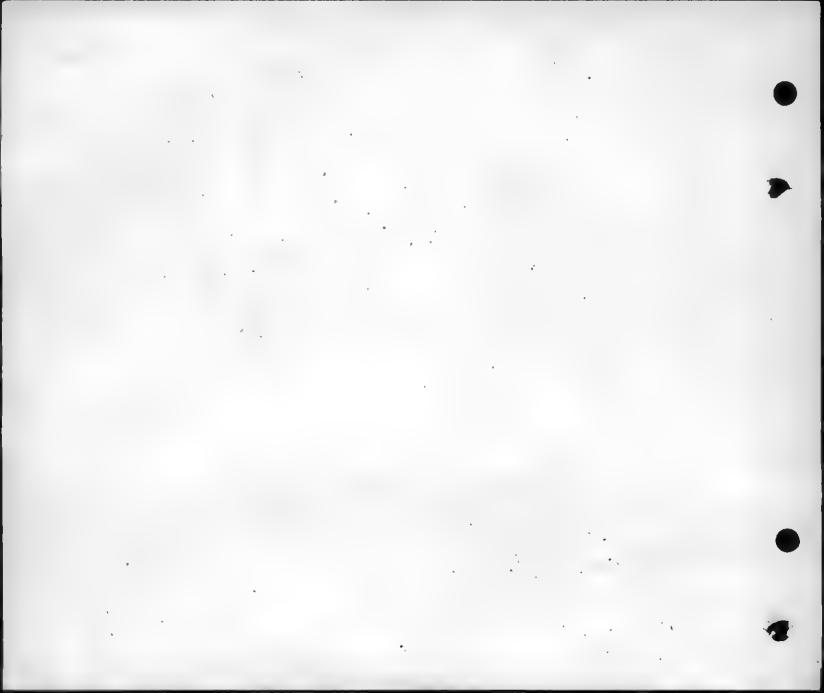
23. FUNERAL DIRECTOR'S SIGNATURE

Dec

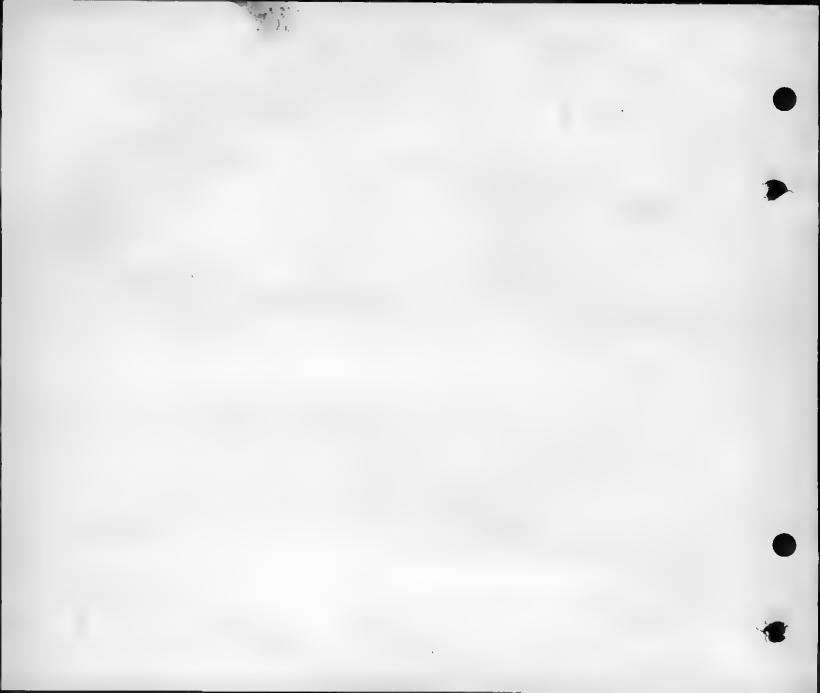


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dista Na PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before palmissto a COUNTY O. STATE Filed. **b** COUNTY MARYLAND funeral CITY OR TOWN (If putside corporate limits, write c. LENGTH OF STAY IN 16 R TOWN (If autside carpgrate/limits, write RURAL and give nearest town) pe ive nearest raw shauld d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF First Middle 4. DATE OF Year DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years land bifthday) IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Haurs WIDOWED J. DIVORCED [7] 100 USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Pul offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Unknownnuceson mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. Address Yes, no or anknowns (if yes, give war or dates of service) attending s 27 CAUSE OF DEATH [Enter only one cause per lige far, (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ō PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which re nas been signed burial-transit permi gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. ician. CATION PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 7 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) certificate 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, farm, 20f (City or town) Day, Year 20d. INJURY OCCURRED (State) (County) factory, street affice bidg, etc. Hour o. m. While Nat while at work at work p. m. 21. I certify that I attended the deceased fram. to of that I last saw the deceased and that death accurred at 2. 45 AM, from the causes and an the date stated above. DIRECTOR DDRESS (Street city or town, state) **DATE SIGNED ACTUAL** auld be or prior SIGNATURE PHYSICIAN'S NAME (Type) 22a BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOSATION (City, lawn, or county) 22c. MAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) FUMERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S 2SIGNATURE

VS A15 (4) 15M 9/5B



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13656 13678 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) should be RDRAL and give peares fown duren uddle the d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR-INSTITUTION ON A FARM? YES NO NAME OF 4. DATE Middle Month Year DECEASED OF DEATH 196 death. (Type or print) 20 IF UNDER 1 YEAR IF UNDER 24 HRS COLOR OR RACE 9 AGE (In years 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH lost birthdoy) Months WIDOWED A DIVORCED [7] complet 6 10g USJAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup more pan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17 INFORMANT 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause per fine for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) **DUE TO** Conditions, if ony, which signed gove rise to immediate per DUE TO arter w Selero sis cause (a), stating the underlying cause lost. RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PERFORMED? Blodonina 7000 YES NO 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home form, 20f. (City or town) 20c. TIME OF INJURY 20d INJURY OCCURRED (County) (Slate) Dov Year factory, street, affice bldg., etc.) Haur a.m. While Not while of work of work p. m. 12 _, 19_<u>6__</u>/, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased fram.______1 2/14 12/16 196/, and that death accurred a 7:30M, from the causes and an the date stated above. saw the deceased alive on 22g SIGNATURE 22b DATE SIGNED ATTENDING PHYS STAFF PHYS MED. DIRECT M.D. 22c PHYS CIAN'S 22d. ADDRESS NAME (Type) 23g BUR AL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown, at county) (State) REMOVAL (Specify) 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25g REC'D BY REGISTRAR DATE JFC 2 6 '61 Circhur S. Minus



Poge 4 ed in by the funeral director, 24 hours ofter d PING NEYSICIAN: The low requires that the death certificate be executed with O JOSPITAL OR A CONTROLLEN: The low requires that the death certificate be executed with the retained because of the controlled physician.

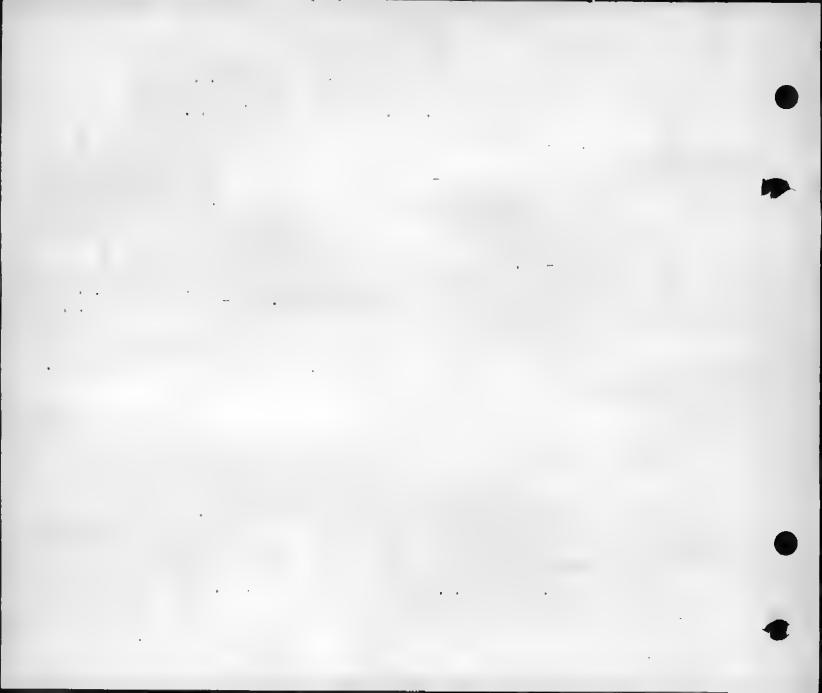
Countrolled DIRECTO There this certificate has been signed by the attending physician and complete page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. The State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours often

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13657

12670	CERTIFICA	TE OF DEATH		13657
1. PLACE OF DEATH Baltimore County	MARYLAND	2 USUAL RESIDENCE (Who STATE 6014- 31st S	h COUNTY	ion: Residence befare admission)
	LENGTH OF STAY IN 16			RURAL and give nearest town)
RURAL and give nearest tawn) Relay	3 yrs.Lmos.	Washingto	n. 15. D.C.	47x
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Relay Hill Hospital			la mann	YES NO 🔀
3. NAME OF First DECEASED	Middle	Last	4. DATE Mo	nth Day Year
(Type or print) Mortimer	-	SHEA	16	196/
S SEX Male 6 COLOR OR RACE 7 MARRIEI WIDOWED		April 16,187	7 9. AGE (in years last birthday) OLL yrs	Annths Doys Hours Min.
10a. USUAL OCCUPATION (Give kind at wark done during mast at working life, even if retired)	nd of Business or Indu			12. CITIZEN OF WHAT COUNTRY?
meat salesman	110110	Irelan		USA
13. FATHER'S NAME Mortimer Shea- r.		14. MOTHER'S MAIDEN N	rine	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SC (Yes, no. or unknown) [If yes, gave wor or dates of service]		on: Gernard M.	Shea-6614-31	st St; N.W.
18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).]		111-1-17-7	INTERVAL BETWEEN
minted and choose for	monia, right			ONSET AND DEATH 10 days
Canditians, if day, which) (b) S	psychosi enile , cereb	s ral arteriosc	lerosis	8 yrs.
gave rise to immediate cause (a), stating the <u>under-lying</u> cause last.				
	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPSY
CCATIC				PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	IBE HOW INJURY OCCURRE	D. (Enler nature of injury in I	Part I ar Part II af ilem 18.)	
ZOc TIME OF INJURY Manth, Day, Year 20d. INJU Haur a. m. Yhile p. m. 19 al wark [_ Not while for	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc.	2	(Caunty) (State)
21 I certify that (1) (this haspital) attended sow the deceased alive an 12-7	d the deceosed from		M. from the couses o	96,119 that (I) (we) lost nd on the date stated above
220. SIGNATURE	4 1	ATTENDING MI		22b DATE SIGNED
22c PHYSICIAN'S NAME (Type) Lewis P. Gundry,		22d. ADDRESS Relay,		
Burial 12/11/61	St Jacque	a Cemeter	23d LOCATION (City, town,	my Massachus
24. FUNERAL DIRECTOR'S SIGNATURE	Lowel "	Med DATE DI	EC 1 1 6 7 286. REG	SISTRANS SIGNATURE

VR A1S (4) 1SM 9/S9



LAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEAR STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH If any delay is r. sary, the funeral director Page 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) e. COUNTY of July 11th. MARYLAND b. CITY OR TOWN (if outside corporate limits, CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) Board e. 15 RESIDENCE ON A FARM? State 1 YES NO DE NAME OF Middle DATE Year DECEASED 1961 Dec. Maurice Silverfab (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH AGE (In years) F UNDER 1 YEAR IF UNDER 24 HRS. ast birthday) Months Days Hours WIDOWED [DIVORCED X 30 5 and. 105. KIND OF BUSINESS OR INDUSTRY | 11. B RTHOOACE (State or foreign country) 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? dope during most of working life, even figfired)* pages 1 within 7 8. Give Pages Machine form PM3. 13. FATHER NAME MOTHER'S MAIDEN NAME 0 event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 1 17. INFORMANT permit. (Yes, no, or unkown) | (If yat give weror detex of service) Office along with burial-transit permi in pencil in Item 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN `.⊑ ONSET AND DEATH PART I DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if any, which geve rise to immediate cause D "pending" DUE TO (a), stating the underlying Examiner' 88 used a cremation, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110, 19. WAS AUTOPSY PERFORMED? should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremati NO 2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of Item 18.) PRIMARY D or CONTRIBUTING CAUSE OF DEATH. 20a, PLACE OF INJURY (Home, farm, factory, freely, office bldg., etc.) 2Dd. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year (County) (State Wh le Not While at work at work 19 6 Inspection | 21. I certify that I took charge of the remains described above, held an Autopsy | | Inquiry [] and in my opinion Natural causes Accident Suicide Homicide Undetermined manner [CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER [DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S M. B. Davis. M.D. NAME (Type) Address (Street, city, town, or county) MIRIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY (Stata) KEMOVAL (Specify) ö mas. 0 VS. ATSME ~



MARYLAND STATE DEPARTMENT OF HEALTH ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where decreased lived, if institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest lown) b. CfTY OR TOWN (if outside corporate limits, write RURAL end give neerest town) d. NAME OF HOSPITA, OR INSTITUTION (if not in hospital, give street address) EDERICK 3. NAME OF DECEASED [Type or print] 9. AGE (In yeers IF UNDER 1 YEAR 5. SEX 7. MARRIED NEVER MARRIED est birthday) Months WIDOWED 10a, USUAL OCCUPATION (Give kind of work 1 12, CITIZEN OF WHAT COUNTRY 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMAN 18. CAUSE OF DEATH [finter only one cause per line for PART I DEATH WAS CAUSED BY: .MMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), stelling the underlying cousa last. PART II, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY myshysema 20e. ACCIDENT WAS UNDERLYING | 20b. DESCREE HOW MURY OCCURED. (Enter neture of injury in Part I or Pert II of Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City or town) 1 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, form, 20c. TIME OF INJURY Month, Day, Year While factory, street, office bldg., etc.) Not While Hour a.m. et work et work 7 to Dec. 26, 196/ that (1) (we) last 19.41, and that death occurred at 3.7M, from the causes and on the date stated above. saw the deceased alive on .. 22e. SIGNATURE ATTENDING MED. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN NAME (Typa) James E. Rews. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 236. BURIAL, CREMATION. 236. DATE THEREOF

ON A FARM?

YES NO T

196/

PERFORMED? NO F

(Stete)

22b. DATE

SIGNED

(County)

25b. REGISTRAR'S SIGNATURE

archur S. Thomas

REGISTRAR

IF JNDER 24 HRS.

VR A15 [4] 15M 9/60

ALMERAL DIRECTOR'S SIGNATURE



FOR STAFE SEPUTY MELAL INTERMENTATION IN Certificate should be executed within 24 hours after death any delay is not asset execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3. The funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Rage 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in any ever Wiffin 72 hours after death.

VS. ATSME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13682 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13661

1366

	PLACE OF DEATH	2. USUAL RESIDEN		mstitution, Residance before admission)
	altimore Maryland	•. STATE	b. COUN	altimore
	b. C.TY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)	11	f outside corporete limits, write	RJRAL end give neerest town)
	Galtimore 14.	Mural & Calt	Dimore ld	
	d NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress)	d STREET ADDRESS		a. IS RES DENCE ON A FARM?
	7340 Manchester Rd.		hester Rd.	YES NO 📉
	NAME OF First Middle DECEASED	Last	4. DATE Month OF	Dey Year
	(Type or print) CRC	IRLI	DEATH 12	/ 25/ 19 61_
5,	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BRTH	1	Months: Deys Hours Min.
ندو م	M WIDOWED DIVORCED	3/15/1905	1 50 yrs.	
	JSUÁL OCCUPATION (Give kind of work 105 KIND OF BUSINESS OR INDUSTRING during most of working life, even if retired)	Y 11 BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME Sparrows Inint	391timoro	A 3/4_ 3	1 _ T. S. A.
1	rank Skwirut	Anna Ocha		
15	WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURTY NO. 17. 1	INFORMANT	Address	-
(10	vos 216-07-236 11	nomas Slwer	mt 7740 meno	cles er Rl.
-	18. CAUSE OF DEATH [Enter on y one cause per line for (e), (b), end (c)]		The state of the s	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)) wene		ONSET AND DEATH
	422.1 DUE TO			Distillation.
	Conditions, if any, which (b)			
	geve rise to immediate cause (e), stating the underlying DUE TO			
	cause lest. (c)			1
Z O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVE	N IN PART 1 . 19. WAS AUTOPSY PERFORMED?
EYS	1/200			YES NO
CERTIFICATION	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Enter neture of injury in Peri	t For Pert 1, of Item 18.)	
MEDICAL		CE OF INJURY (Home, ferm		(County) (State)
MEDI	Hour e.m. While Not While p.m. 19 et work et work	tory, street, office bldg., etc.	<u>'</u>	
	21. I certify that I took charge of the remaine described above, he	eld an Autopsy ,	Inspection Inquir	and in my opinion
	death resulted from: Natural causes P. Accident . Suic	ide . Homicide	Undetermined ma	anner
	han a .	CHIEF MEDICAL E	EXAMINER [_
	ACTUAL SIGNATURE 1 3 D 2000	M D. ASSISTANT MED	CAL EXAMINER	DATE SIGNED
	EXAMINER'S M Q D A	DEPUTY MEDICAL	- J	Y/26/61
220	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF		22d. LOCATION (City, town,	of country) (State)
7	urial 12/22/61 St. Stanial	aus_Jem	Baltimore	
23.	FUNERAL DIRECTOR ADDRESS	24e. REC	D BY REGISTRAR 24b, REGI	STRAR'S S GNATURE
	John 1. Weber 401 S. Jheater 3t	DAT DE	27'61	MAT A / VILLE



DIVISION OF STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 6304 12/2 VSUAL RESIDENCE (Where decaesed lived, If institution, Residence before admission) a. COUNTY a. STATE b. COUNTY Baltimore MARYLAND Maryland Baltimore City b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURAL and give naerasl town) Towson months Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE d. STREET ADDRESS papers. Pagin 72 hours ON A FARM? 00 Miss Cola! s Home. YES NO T Robert Street 3. NAME OF First Last DATE Morth DECEASED OF (Typa or print) DEATH 196] carbon po OTIT VE CARPOLL. December 6. COLOR OR RACE 7. MARRIED NEVER MARRIED XX 8. DATE OF BIRTH 9. AGE III Years HE UNDER I YEAR I IF UNDER 24 HRS. last birthday) Months Hours WIDOWED DIYORCED [Female February-26-1880 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY II, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Retired School Meacher Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Slater. Olive Shorey. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO. | 17, INFORMANT Address (Yes, no, or unknwn) (If vasque war or datas of sarvica) Mrs H. Boyd Greenleaf 1B. CRUSE OF DEATH (Enter only one cause par line for (a), (b), and (c) ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED [Enter nature of injury in Pert I or Part II of Itam 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF NJURY (Home, farm, 20c TIME OF INJURY 20f. (City or lown) (County) (State) Month, Day, Year While Not While fectory, street, office bldg., etc.) al work at work, 19....., that (I) (we) last 21. | certify that (I) (this hospital) attended the deceased from... and that death occured a M. from the causes and on the date stated above. the deceased alive ATTENDING PHY5. DIRECTOR M.D. 22c. PHYSICIAN'S ADDRESS director, be filed v 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, fown or county) (Stata) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Spacify) Baltimore 2. 'ld. entombment Green Mount 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Chilhun S. Thrace Yowen Co. 198-W-Worth-Av. Balto..l.

MARYLAND STATE DEPARTMENT OF HEALTH

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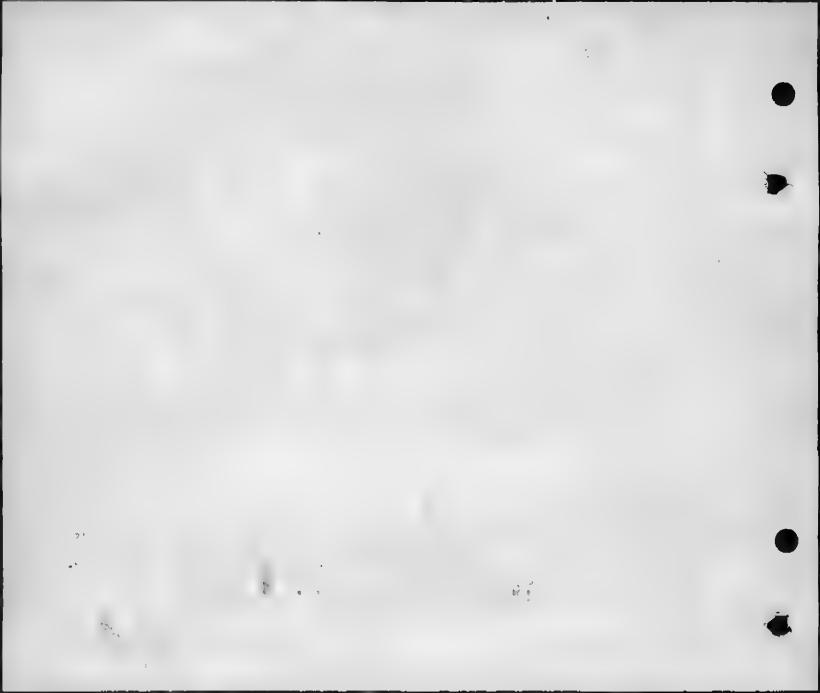
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2 2

15M 9/60



1		MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13663
prouted within A4 s after s after a papers. Pages 1 and 2 should in 72 hours after death	(!	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution, Residence before admission) a. COUNTY b. CITY OR TOWN (if outside corporeta limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS 4. STREET ADDRESS 4. DATE 6. ON A FARM? YES NO PECCASED (Type or print) First Andele C. SMith, DATE Month Day Year OF DEATH 12 2 2 19 6
ures that the death certificate be existion. d by the attending physician and copernit. Then please remove carbon or removal, and it any event, with		5. SEX 6. COLOR OR RACE 7. MARRIED B DATE OF BRIH F. MA C 1 1 1 1 1 1 1 1 1
ENDING PHYSICIAN: The law requisated by the hospital or attending phy OR: After this certificate has been signed edetached for use as the burial-transit in pt. of Health prior to burial, cremation,	/	DUE TO Conditions, if any, which gave rise to immediate cause (a), steting the underlying DUE TO ceuse lest. PART I. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.e) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part i or Pert I. of Item 18.) 20c. ACCIDENT WAS UNDERLYING 120b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part i or Pert I. of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. NJURY OCCURED 20e. PLACE OF NJURY (Home, farm, 20f. (City or town) (State) While Not While at work 19 ectory, street, office bldg., etc.) 21. 1 certify that (I) (this hospital) attended the deceased from 10ct. 1956, 19 to 10cm., 19, that (I) (we) last
MET OSPITAL OF THE CONTROL OF THE CO	1	22a. SIGNATURE 22a. SIGNATURE 22b. DATE 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23c. REMOVAL (Specify) 23c. PLACE 23c. NAME OF CEMETERY OR CREMATORY 23c. REC'D BY REGISTRAR 23c. REC'D BY REGISTRAR 25c. REC'D BY REGISTR



** POSPITAL O LIENDING PHYSICIAN: The law requires that the death certificate be taked within 24 safter the page 4 may a retained by the hospital or attending physician. ** FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a set of tilled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 chothe be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12 CO CERTIFICATE OF DEATH

	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased live	
	130110	MARYLAND	a. STATE	DUNTY
	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If oulside corporete I mits,	write RURAL and give neerest town)
	write RURAL and give nearest town)		V	
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hose	aive etent addense)	d. STREET ADDRESS	. IS RESIDENCE
	10. 4 P	1		ON A FARM?
	3/3 queste sol	a ·	5/3 Amerceda	YES LI NO X
	3. NAME OF First	Midd e	Last , 4, DATE N	onth Day Year
	(Type or print) HANOPA MA	RIF SM	DEATH AC	ass. 24 1961
	5. SEX O OLOR CA RACE 7. MARRIED	NEVER MARRIED 18.		ors IF JNDER T YEAR IF UNDER 24 HRS.
)	Female Shite WIDOWED		Dac 26 1901 lest bir	Months Days Hours Min,
	10e. JSUAL OCCUPATION G ve kind of work 10b. Kit	ND OF BUSINESS OR INDUSTRY	Charles and a contract of	TTY) 12. CITIZEN OF WHAT COUNTRY?
	dona during most of working life, avan if ratired)		mal	21.10.
	13. FAJHER'S NAME		14. MOTHER'S MAIDEN NAME	
	· · ·	2	5,00.	
	Frances Juist		Mollie None	evan
	15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. 5 (Yas, no, or unkown), (Ifyes giva war or dates of sarvice)	SOCIAL SECURITY NO 17. 11	NFORMENT	dress
		. Lufe	on I same as	aliene).
	18. CAUSE OF DEATH [Enter only one cause per li	ne for (e), (b), end (c).,	e t	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	nesmas	hemorrage	ONSET AND DEATH
	11110	100000	. 0 T	
	193 X DUE TO H	4 perter	reme Cardio-	
	Conditions, if eny, which (b)	10		_
	(e), stating the underlying DUETO	16 /	a discore-	13 ma
,	causa lesi.	o ascura		
	PART II. OTHER SIGNIFICANT COND TIONS CON	TRIBUT NG TO DEATH BUT NO	TRELATED TO THE TERMINAL DISEASE CONDITION	G VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	PART II, OTHER SIGNIFICANT CONDITIONS CON 200 ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH 0 IJF EITHER, NOTIFY MEDICAL EXAMINER;			YES NO
	200 ACCIDENT WAS UNDERLYING 200. DESC	TRIBE HOW INJURY OCCURED.	(Enter neture of injury in Part I or Part II of Item 18.)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	20c. TIME OF INJURY Month, Day, Year 20d. 1		CE OF INJURY (Home, farm, 20f. (City or town)	(County) (Stata)
	V 20c. TIME OF INJURY Month, Day, Yeer 20d. It Hour a.m. While et work	THE PART OF THE PA	ory, streat, office bldg., etc.)	
			Marin 10 whi it as	24 -41
	21. I certify that (i) (this hospital) attend	led the deceased from		24, 1951, that (1) (we) last
	saw the deceased at ve on	19?, and that	death occured al	
	226, SIGNATURE	1	ATTENDING MED STAFF	22b. DATE
	Joseph J.	icel M.		12/26/6
	122c. PHYSICIÁN'S NAME (Type) DSFPHM	11 ELI M.	D. 22d. ADDRESS S. Jews Koz a	Balky 21 has
			108 0.0 2000	
	238. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	R CREMATORY 23d. LOCATION (CIT	(Stela)
	REMOVAL (Specify) 12-27-61	Cart La	un Bres	1. Co. md.
	24 FUNERAL DIRECTORY SIGNATURE	ADDRESS	258, REC'D BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
	July 4 4 Oh	4186 7	0011	C Lug & France
	onnery.	710 basiern X	The DATE EC 2 8 61	20, 120



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7	368	S	CERTI	FICATE	OF	DEATH
_			 			

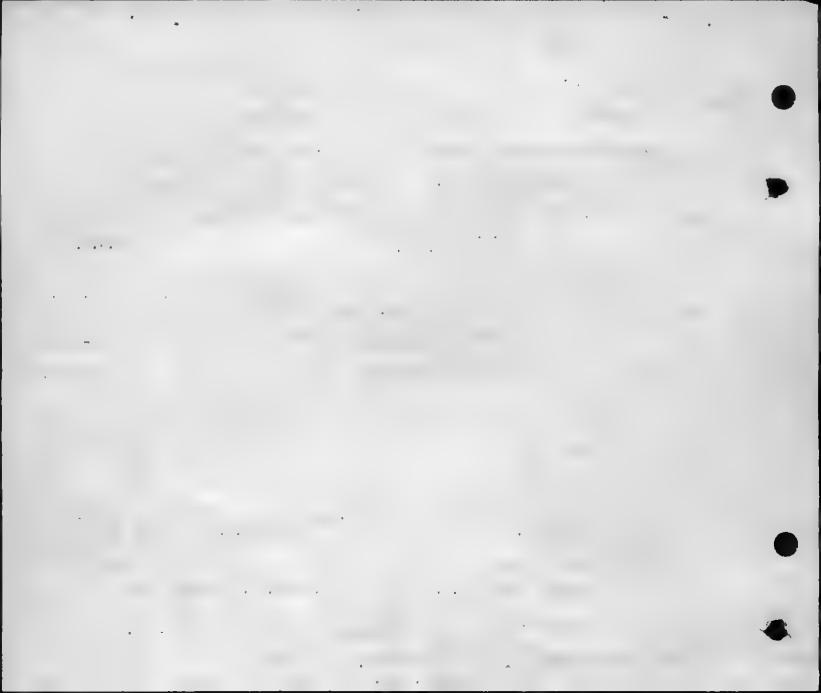
Reg. Dist. No. 3665

				Keg. Disi	160000		
1. PLACE OF DEATH o. COUNTY		2 USUAL RESIDENCE (W	here deceased lived	If institution- Residence	e before admission)		
Baltimore	MARYLAND	* Side b. countries b. countrie					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c CITY OR TOWN (IF		nits, write RURAL and gr	ve nearest tawn)		
Edgemere	4 years	. \ Dundall	κ (22)				
d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d STREET ADDRESS			e. IS RESIDENCE ON A FARM?		
2549 Lodge Forest R	oad	9555 17	ongpoint	Road	YES NO [X]		
3 NAME OF First DECEASED (Type or print) SARAH	Middle REBECCA	SNEE	4. DATE OF DEATH	Month December	Lith. 1961		
5. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9 AG		YEAR IF UNDER 24 HRS		
female white widow	ED 🕮 DIVORCED 🔲	July 3rd,18	375 86	E (In years IF UNDER 1 birthday) Months I	Days Hours Min		
10b. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)				12. CITE	ZEN OF WHAT COUNTRY		
Housewife		Pennsyl	vania	US	A		
13. FATHER'S NAME		14 MOTHER'S MAIDEN					
James Shearer		Rebe	cca J.Yo	unking			
15. WAS DECEASED EVER IN U. S ARMED FORCES? 16.	SOCIAL SECURITY NO 17 IN	FORMANT		Address			
In last fire and a grant of the state of	none Mr	s. Ruth Jan	worsky	same as	#2		
18 CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (b), (b), and (c)] .				INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if ony, which gave rise to immediate (b)	Manschute	- 1H. Dera	ensi		440.		
lying couse lost DUE TO	Grundyid a	ertenselm	243		4 yrs		
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CONTRIBUTIONS OF CONTRIB	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PART	1(o) 19 WAS AUTOPSY PERFORMED? YES NO 🔣		
	CRIBE HOW INJURY OCCURRED). (Enter nature of injury in	Part I or Port II of i	tem 18)			
Hour o.m. While	NJURY OCCURRED 20e PLA Not while fac tk at work	CE OF INJURY (Home, fari tary, street, office bldg., et	m. 20f (City or tow	n) (Co	ounty) (Stote)		
21. I certify that I attended the deceas		, 1955, la	Dis 4	, 196/ ,that I lo	ist saw the deceased		
	alive on						
SIGNATURE TURNES 1	Means,	40 <u>503 Suri</u>	rey Road		12/5/61		
PHYSICIAN'S James T. Means,	M.D.	Towson	ı,Maryla	nd			
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF			lity, town, or county)	(State)		
Burial 12/7/61	Verona Ceme	tery	Oakmon	t,Pennsyl	vania		
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	24b REGISTRAR'S SIGN	NATURE		
TO LICE EDGALE EDGALAT		1VI (1					

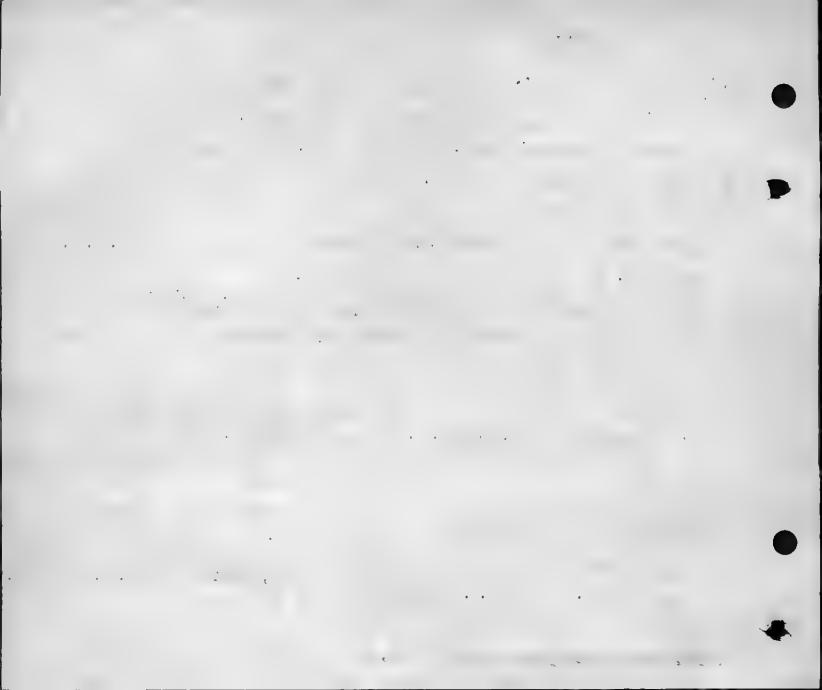
illed in by the formal director, es I and 2 should be filed with oth. Page 4 ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR ATENDING PHYSICIAN: The low requires that the death certificate be executed by be retained to hospital or attending physician.

UNERAL DIRECTA: After this certificate has been signed by the attending physician and cample yoge 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, the registrar prior to burial, cremotion, at removal, and in any event within 72 hours offer death. V5 A15 [4] 15M 9/S5





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH pinous I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, it institution, ses dence before admission) A. COUNTY a. STATE Maryland **b.** COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give neerest lown) 78 Davs 2. after Fort Howard Baltimore 7 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? Veterans Administration Hospital 7212 Windsor Mill Road YES NO X pletely 3. NAME OF Year DECEASED (Type or print) DEATH 1961 LAWRENCE D. SPRIGGS December 6. COLOR OR RACE , 7. MARRIED T NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH last birthdey) | Months | Male White WIDOWED [DIVORCED [February event, ove 10e. USUAL OCCUPATION [G ve kind of work 10b. K ND OF BUSINESS OR INDUSTRY 11 BRINPLACE County & State, or fore gn country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Sheet Rocker Construction Stoney Creek, Pennsylvania U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0 Charles H. Spriggs Flora E. Hart 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Clinical Records, VAH, Baltimore 18, Maryland (Yes, no, or unknown) ! (Hyes give were or deles of service) Fort Howard Division 18. CAUSE OF DEATH [Enter only one cause per .ine for (e), (b), and (c).] INTERVAL BETWEEN signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BRONCHOGENIC CARCINOMA WITH METASTASES UNKNOWN IMMEDIATE CAUSE (e) burial-transit DUE TO aftending Conditions, if eny, which certificate has been geve rise to immediate cause DUE TO (a), stating the underlying the bur couse lest. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110, 19, WAS AUTOPSY 8 Q PERFORMED? Bronchopneumonia, right lung. 2. Left pleural effusion. NO X 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 2Dc. TIME OF INJURY 20e. PLACE OF INJURY (Home, ferm, Month, Day, Yeer 20d. INJURY OCCURRED I 20f. [City or town] (County) (State) fectory, street, office bldg., etc.) While Not While et work el work 21. 1 certify that X(1) (this hospital) attended the deceased from September 14 1961 to December 1., 1961, that (X) (we) last saw the deceased alive on December 1 1961, and that death occurred 3.35. M, from the causes and on the date stated above. 22a, SIGNATURE 22b. DATE ATTENDING albert mo DIRECTOR PHYS. X PHYS. HOSPITAL ath. Page 4 FUNERAL 22d. ADDRESSVAH, Baltimore 18, Md.Ft. Howard Div. 22c. PHYSICAN'S NAME (Type JOHN D. TALBERT, M.D., Acting Chief, Medical Service, 236. BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Randallstown, Maryland Mount Oliver Cemetery 12/4/61 8728 Desberty Road 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR VR A15 (4) Randallstown, Md. 15M 9/60 DATE



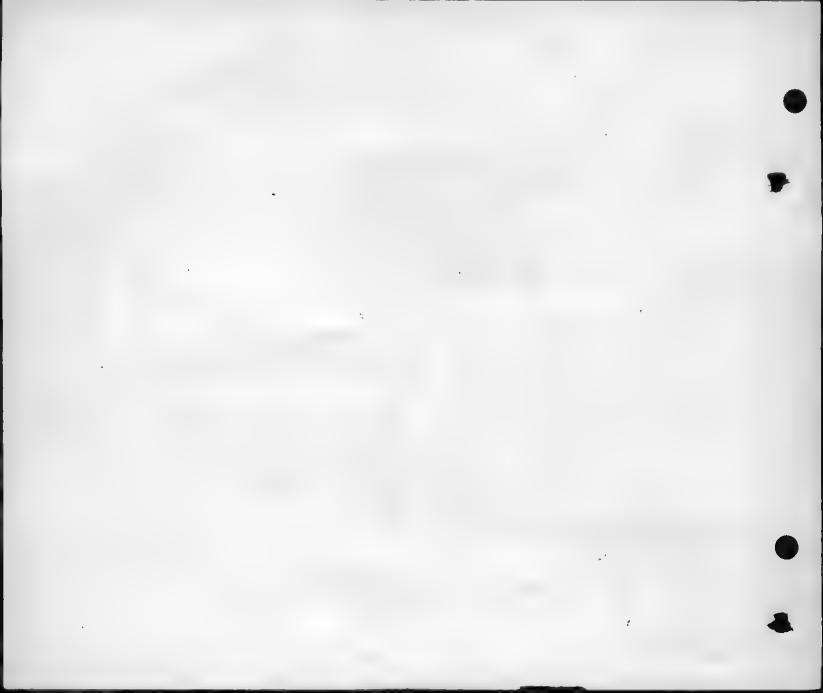
VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13689

13668

		1. PLACE OF DEATH 2. US	UAL RESIDENCE (Where deseased lived. If institution Residence befare admission)
	۰	a. COUNTY Balt, maryland a.	STATE More land b. COUNTY Baltimore.
X	Ŀ	b. CITY OR TOWN (If outside carparate limits, write c. LENGTH OF STAY IN 16 c.	CITY OR TOWN (if autside corporate limits, write RURAL and give nearest tawn)
1		RURAL and give neargestrawn) Les there elle 3 minths X	Littervelle
		d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	STREET ADDRESS e. IS RESIDENCE ON A FARM?
\angle		611 W Semisary and	C. 11 W Senier ary Cone YES NO NO
			Last 4. DATE Mantly Day Year
		(Type or print) Florence Eva Ste	rett DEATH DICEMber 8 19 C/
	S. S	S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE	OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	-	Hurale C WIDOWED X DIVORCED 1 2.50	august 1869 last birthday) Manths Days Hours Min
	10a	10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11	BIRTHPLACE (Stote or Togeign country) 12 CITIZEN OF WHAT COUNTRY?
		during most/of working life, eyes/if ratired)	Gereford Baltice ride MSFJ
1	13.		MOTHER'S MAIDEN NAME
		· hicholas mayers	mary Jame Cordry
/		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMALITY IN U. S. ARMED FORCES?	Address
	fins	[Yes, no or unknown] [If yes, give war or dates of service]	letu mary Lee heather's - Same
		1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cendule Description	com plusations 2 years
		4/22 DUE TO - 1	21/1/22:
		Canditians, if any, which) (b) arherie Scherotic	Cardie Vaccular desease 109 tais
		gave rise to immediate	
a l		lying cause last.	
1	Z		ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	CERTIFICATION	CATI	PERFORMED? YES NO
	TIF	20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter OR CONTRIBUTING TO CAUSE OF DEATH	r nature of injury in Part I or Part II of item 18.)
	MEDICAL	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF	INJURY (Hame, farm, 20f. (City or tawn) (County) (State) rest, affice bldg , etc.) A
	MED	Hour a.m. While Nat while factory, st p. m. 19 at wark at wark	radi, direa blog , are.)
		21. 1 certify that (1) (this hospital) attended the deceased from	1955, to December 19 (e / that (1) (we) lost
		saw the deceased alive on 2 Decaule 1961, and that death	₩ A ²
		22a. SIGNATURE	22b.DATE
		Walter J. Teles	ATTENDING MED STAFF 8 DOCUMEN 1961
		22c PHYSICIAN'S NAME (Type) 14/11-50 T 1/EFS	2d ADDRESS D
		NAME (Type) WALTERT. KEES	Cockey Svetle, mil.
	23¢	230 BUR AL, CREMATION, 236, DATE THEREOF 230 NAME OF CEMETERY OR CREM	IATORY 230 LOCATION (City, town, ar county) (State)
		Sural 12/12/6/ St. Relice	Wereford Millo. Co. Mid.
1	24	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
/14	$\int_{\mathbb{R}^{n}}$	I Politing h - 170/1/1: Cullot St. Bal	Call DATE JEC 11'61 " 1 & Kraus



FOR STATE Case execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3. The funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNEBAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Haalth, or its designated agent, prior to burial, cremation, or removal, and in any event within 77 mount after death.

> VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE A, MARYLAND 1.2.CO.OMEDICAL EXAMINER'S CERTIFICATE OF DEATH

	_10000					
1. PLACE OF I	EATH		H	DENCE (Whare daceases		Residence before admission)
a. COOM11	Paltimore	MARYLAND	e. STATE	iid.	b. COUNTY	Ealto.
- CITY OR TO	DWN (if oulside corporata Limits,	•	- CITY OF TO			
	AL and give nearest town]	e. LENGTH OF STAY IN 16		VN (If outside corporata I	imits, write RUKAL en	d giva raaras lown)
Ozin, s			H X CMINS	s Mills		
	HOSPITAL OR INSTITUTION (if not	in hospita , give street eddress)	d. STREET ADDR	RESS	-	I a. IS RES DENCE
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ì			ON A FARM?
St.	Thomas Lane		'St. The	mas Lane		YES NO 🔀
3. NAME OF	First	 Middla	Last	4. DATE	Month	Day Year
DECEASED (Type or print	William	J.	Spingler	OF DEATH	Dec.	13, 19 61
		***	PATTIETER			
5. SEX	6 COLOR OR RACE 7. M	ARRIED NEVER MARRIED 8	B. DATE OF BIRTH			YEAR IF UNDER 24 HRS.
Male	7 75 5 1	OWED TO DIVORCED	March 16,	1877 8%	oinhday) Months	Deys Hours Min.
					,	1201 0011111 7 001111111
	I of working life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTR	Y II. BIKTHPLACE (Siate of foreign country)	12. Cil	IZEN OF WHAT COUNTRY?
	ore Tranist Co.		Md.			USA
13. FATHER'S N.	AME		14. MOTHER'S MAI	DEN NAME		
Wil	liam Stingler		Marga	ret Winkler		
		16. SOCIAL SECURITY NO. 17.	INFORMANT	'	Address	
	wn) (ffyasgive werordetesofservice	Tono Mari	John Tof	· c	ngs Mills,	113
10	1 10		• 601(II '0)	T MT	وتتكلك التكلي	
18. CAUSI	OF DEATH [Enlar only one cause	par I na for (a), (b) end (c).]				ONSET AND DEATH
PARTI	DEATH WAS CAUSED BY:	Coronary Occlus	fam			4.0
	IMMEDIATE CAUSE (+)	Optonary occids	TOIL			_15 min. est
1 42	O, DUE TO					
Conditions,	if any, which \ (b)					
geve rise to	immadiete cause				•	
(e), stating	the undarlying DUE TO					
causa last.) (c)					
Z PART II.	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TE	RMINAL DISEASE COND	TION GIVEN IN PART	
						PERFORMED?
PART II.						YES NO X
20a. EXTERI	NAL CAUSE WAS 206. I	ESCRIBE HOW INJURY OCCURED. (Enter neture of injury is	r Pert I or Pert II of Iwm 1	B.)	
CAUSE OF	EATH. none	none				
ZOc. TIME C			CE OF INJURY (Home	, ferm, 20f. (City or tox	vn) {Cou	nty) (State)
20c. TIME C			tory, street, office bldg.		(200	(3(0)0)
WEI .		at work at work none				
21 I gori		remains described above, he	ald an Autonsy	Inspection 3	Inquiry X	and in my opinion
					_	7
death resu	ilted from: Natural causes	X, Accident , Suic	ide 🔲 Homic	ide [], Undeter	mined manner	
	2 2 2 1		CHIEF MEDIC	CAL EXAMINER		
ACTUAL	2.D. 60	nus	ACCICTANT	MEDICAL EXAMINER		DATE SIGNED
SIGNATU	RE	7/	M D.			57122 6101125
EXAMINE	DIG _	,		DICAL EXAMINER	2/1	10 15 63
NAME (Ty		M. D. O Ha	nover Address (3)	Reisterstor	m, Md.	12-15-61
220. BURIAL, CRI	MATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION	City, lown, or country	(State)
REMOVAL (Specify)	7 C4 Mb (7	0-1	~ Manna 1	ra.
Rurial					s Mills, h	
23. FUNERAL DI	RECTOR	ADDRESS	24a	REC'D BY REGISTRAR		
्रा. स. ज	line & Sohs Re	isterstown, Md.	0.47	DEC 1 8 '61	ariling a	8. Thomas
1 4 6 7 6 .	THE CHOICE OF THE	TO OCT DOCKER L'ITA	DATI	E ENGLY I V VI		



DIVISION OF STATISTICAL RESEARCH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before edmission) a. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (if pulside corporete I mits. tilf outs de carparele limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give nearest lown) ģ VENSO .57 filled i d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF DATE M.ddle OF (Type or print) 5 / 5 DEATH 15 19 5 SEX 9. AGE (In yeers LIF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED M iast birthdey) Months Devs Hours WIDOWED Ine. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY foreign country) done dur no most of working life, even if refired) CHING- RET. 14. MOTHER'S MAIDEN NAME 1 16 SOCIAL SECURITY NO. 17 [Yes, no, or unkown) | (If yes give wer or detes of service) 1B. CAUSE OF DEATH Enter only one ceuse per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUF TO Conditions, if eny, which (6) geve rise to immediate cause DJE TO (e), stating the underlying cause test. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO Y 20. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCR.BE HOW INJURY OCCURED, (Enter neture of 'njury in Part | or Part | of item 18) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. ICity or town) (County) (Stete) Month, Day, Year factory, street, office b dg., etc.) While Not While et work et work 1955, to 024-30, 1961, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on. 22b. DATE ATTENDING **STAFF** SIGNED DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME [Type] 115 East Eager treet 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (Cdv. town or county) 25b. REGISTRAR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH ON STREET, BALTIMORE 1, MARNIS DIVISION OF STATISTICAL RESEARCH AND RECORDS CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 7. USUAL RESIDENCE (Where deceased I ved. If institution: Residence before admission) a. COUNTY by the fand 2 s death. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest lown) c LENGTH OF STAY IN 16 filled in b e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO 3. NAME OF DECEASED OF DEATH (Type or print) 196.1 8. DATE OF BIRTH 19. AGE In years , IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED last_b_thday) 10a. USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY 1Db. KIND OF BUS NESS OR INDUSTRY I done during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME anknow (Yes, no, or unkown) (Hyes give war or dates of service) SOCIAL SECURITY NO 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c)] ONSET AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause (a), stating the underlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8), 19. WAS ALTOPS PERFORMED? NO Z 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De PLACE OF INJURY (Home, farm, 20f, (City or fown) (County) factory, street, office bldg , etc.) Not White While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 12-3- , 1955 to 12-20- , 19.6/, that (I) (we) last 12-20-, 1961., and that death occurred el 36M, from the causes and on the date stated above. saw the deceased alive on . ATTENDING 22b. DATE 22a. SIGNATURE SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S 23a. BURIAL. CREMATION. 258 REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 9/60



VR A15 (4)

15M 9/60

Wm.Cook-Blight, Inc.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1		13693		CERTIFICA	TIE OF	DEAIN				13671_
ı	1. PLACE OF DEATH	<u> </u>					CE (Where dec			ence before admission
J	Baltimore			MARYLAN		TATE Mar	vland	b. COUNT	A A	4
)	b. CITY OR TOWN (IF	outsida corporate lim give neerest town)	ts,	c. LENGTH OF STAY IN				rate limits, write	RURAL and giv	a naarest lown)
	Fort Howard	d	if not In hosp'l	13 Days al, give street address)		en Burni	e		المعاد	e, IS RESIDENCE ON A FARM?
-	Veterans Ac	ministrat:	ion Hos	pital	201	Poplar	Avenue	Month	De	YES NO T
ı	DECEASED (Type or print)						OF DEATH	90. II		10.7=
1	5. SEX	Char	les	NEVER MARRIED	Stua			December AGE (In years)		19 61 R. IF UNDER 24 HRS.
1			WIDOWED					last birthdey)	Months Deys	
	Ma.Le	White	1	D OF BUSINESS OR IND	May	4, 189		69 yrs.	12. CITIZEN	OF WHAT COUNTRY
	done during most of wor	king life, even if retire	id)	7 01 500114500 0 11 11 10	II. BI	THERE (COM	"Distri	Ct OI		· ·
	Self em	ployed		oprieter of staurant.		shington ther's Maiden		mbia	U.S	.A
	J. Harry St	tuart			Sun	rilla Co	rnell			
X	15. WAS DECEASED EVE (Yes, no, or unkown) (If	R IN U.S. ARMED FOI	RCES? 16. SC	DCIAL SECURITY NO.	17. INFORM.	ANT		Address		
	Yes	WW-1 EATH [Enter only one	215		Clin Red	VAH B	altimor	e Md - 1	1.1	INTERVAL BETWEEN
		WAS CAUSED BY:	PNEU	DNIA					(7 DAYS
	24.	MMEDIATE CAUSE (*)		VIC EMPYEMA			-			1 15277.0
1	Conditions, if any	which (b)		LICSCLEROTIC	G HEART	DISEASE	7.			OLD
	geva risa to immedia	N DITE TO		20101221012	C 130-M 10 10	mark and				
1	(a), stating the unceuse fest.	learlying (c)	DIABI	TES MELLIT	US					OLD
1	PART II. OTHER	S GNIFICANT COND	TIONS CONTI	RIBUTING TO DEATH BU	T NOT RELATE	TO THE TERMI	NAL DISEASE C	ONDITION GIVE	N IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
1	E.									YES NO TH
1	PART II. OTHER 200, ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY		2Qb. DESCR	TIBE HOW INJURY OCC	URED. (Enter ne	ture of injury in	Pert & or Pert L	of Item 18.)		
1	UF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	,							
ı	3 20c. TIME OF INJUR	RY Month, Dey, Ye	er 20d. IN			URY (Home, fare		or fown)	(County)	(Stata)
1	20c. TIME OF INJUS Hour a.m.	19	Whila et work	Not While at work	lectory, street	, office bldg., etc	1-1			
1			tal) attende	d the deceased fr	om. Octo	ber20	196J. to	Dec2	19.6.]	that (M (we) las
	1	ed live onDe		19.61 , and						
	22e. SIGNATURE	1	17	7)						22b. DATE
	1 . ()	aux Co.	. CA	& Cent las			MED. DIRECTOR	PHYS.		12-2-6
١	22c, PHYSICIAN'S	Cont		- Car . Car . Car	22d	. ADDRESS				
١	NAME (Typa)	Paul G. F	oukoul	as M.D	V.A.	H, Baltim	ore 18,	MdFt	Howard	Division
	23a. BURIAL, CREMATIC	ON, 236. DATE THE	REOF :	23c. NAME OF CEMET	ERY OR CREM	ATORY	23d. LOCA	TION (City, tow	n or county)	(State)
	REMOVAL (Specify) Burial	12-5	-6/1	Baltimore	Nationa	3]	Balt	imore	Marvl	and
	24 FUNERAL DIRECTOR	'S SIGNATURE	6	ADDRESS		25a. RE		RAR 25b. REG		
	Wm.Cook-Bl:	ight. Inc.	B	009 Harford	Hd Md	DATEDE	G 5 '61	1 as	Um 8 34	-114

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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FOR STATE

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13073 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13673

EALTH DEPT,	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmiss'on)
る。信 園)	Baltimore Maryland 6. COUNTY Baltimore
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neeres! town) write RURAL and give neeres! town)
d of d	Dundalk 8 yrs. A Dundalk
for Soar	d. NAME OF HOSPITAL OR INSTITUTION ('I not in hospital, give street address) d. STREET ADDRESS e. IS RES DENCE ON A FARM?
ned ned her	Res., 1921 Snyder Avenue 1921 Snyder Ave. 22, Md.
o Standard	3. NAME OF First Middle Last 4. DATE Month Dey Year OF OF OF OF THE OF T
ter the	(Type or print) CAROLYN MAY THOMAS Death December 6, 19 61 S. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS.)
With a	Female White widowed overced November 22. 1926 35 yrs.
2, and 2 and	10e. USUAL OCCUPATION (G.ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11 BIRTHPLACE (Stete or foreign country) 12. CITIZEN OF WHAT COUNTRY?
and	Bench Hand Western Electric Greenbank West Vinginia U.S.A.
Pag. (Signal)	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
5 6 5	William Sheets Mamie Wilfong
form eve	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORMANT (Yes, no, or unkown) (Ifyes give we ror deles of service)
erm erm	No No 25-30-5132 William Thomas 1921 Snyder Ave. 22, Md.
ng v sit	PART I. DEATH WAS CAUSED BY: [MAMEDIATE CAUSE (a)] [MITERVAL BETWEEN ONSET AND DEATH [MAMEDIATE CAUSE (a)] [MITERVAL BETWEEN ONSET AND DEATH
alo tran and	
Fire val	Conditions, it any, which (b)
o solution of the solution of	gave risa to immediate cause
ndin iner d as or 1	(a), stating the underlying of the cause last.
"pe nse non	PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
word "pe dical Exam uld be use cremation,	YES NO D
Ale sho	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part 1 or Part 1 of Item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH.
Chief Chief o bur	20c. TIME OF INJURY Month, Day, Year 20d. NJURY OCCURRED 20c. FLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State)
Cate, v	Hour s.m. While Not While et work 19 et work 19 et work 19
10 T	21. I certify that Trook charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
SEC	death resulted from: Natural causes Accident Suicide Homicide Natural causes Accident CHIEF MEDICAL EXAMINER
d Solve	ACTUM: ACTUM: ASSISTANT MEDICAL EVANINED DATE SIGNED
axecute d be for ERAL esignat	SIGNATURE ADDITION DEPUTY MEDICAL EXAMINER [
uld la desi	NAME (Type) JACK COLLING, M.D. Address (Street, city, town, or county)
Show Show	228 BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Town, or country) (Stote)
4 G g	Burial 12-9-1961 Arbovale Cometery Pocahontas Co. West Virgini 23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS. A1SME' ' . SM 9 60	Wallace & Wallace Lewisburg, W. Virginia DATE DEC 13'61



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 3698 funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Whare dacassed lived, If institution; Residence before admission) a. COUNTY b. COUNTY a. STATE Baltimore MERVIAND Maryland b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) F. LENGTH OF STAY IN 16 write RURAL and give nearest town after Fort Howard 82 Davs 16 Baltimore Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE hours ON A FARM? YES NO DE Veterans Administration Hospital Gwynns Falls Parkway papers, 3. NAME OF MARKE 4. DATE Yaar 22 DECEASED OF (Type or print) DEATH 1961 within THOMAS 6 December 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years If UNDER 1 YEAR) IF UNDER 24 HRS. 8 DATE OF BIRTH iast birthday) Months Hours Days DIVORCED WIDOWED Male Negro December 10a USJAL OCCUPATION (Give kind of work 10b. KND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State гетоме 12. C TIZEN OF WHAT COUNTRY? or foreign country) done during most of working life, even if retired) 13. FATHER'S NAME Shipping Baltimore, Maryland
14. MOTHER'S MAIDEN NAME U. S. A. piease James A. Thomas Mamie Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 12. INFORMANT Clinical Records, VAH, Baltimore 18, Maryland FORT HOWARD DIVISION 18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: UNKNOWN IMMEDIATE CAUSE (e) CARCINOMA OF STOMACH WITH METASTASES burial-transit XXXXXX (b) PERITONITIS DUE TO (a) UNKNO IN Conditions, if any, which gave rise to Immediate cause **DUE TO** (a), stating the undarlying the bur burial. causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 1 19. WAS AUTOPSY PERFORMED? as YES TE NO T use 20a, ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED : 20e, PLACE OF INJURY (Homa, farm, 20f, (City or town) (County) (State) factory, street, office bldg., atc.) While Not While Hour a.m. at work 21. I certify that XI) (this hospital) attended the deceased from September 15161, to December 6, 161., that (X (we) last 226. DATE ATTENDING MED. STAFF 75/841 n PHY5. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME SEBASTIAN RUSSO, M.D. VAH, BALTO 18 MD FT HOWARD DIVision 23s. BURIAL, CREMATION, | 2.5. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 1.23d. LOCATION (City, town or county) (Stata) REMOVAL (Spacify) 28, Maryland Baltimore Burial Baltimore National Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25m. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) DEC 1 3 '61 Wilhur S. France Elroy O. Wilson 1000 Brantley Ave., Balto. 17, Md. A. J. 15M 9/60

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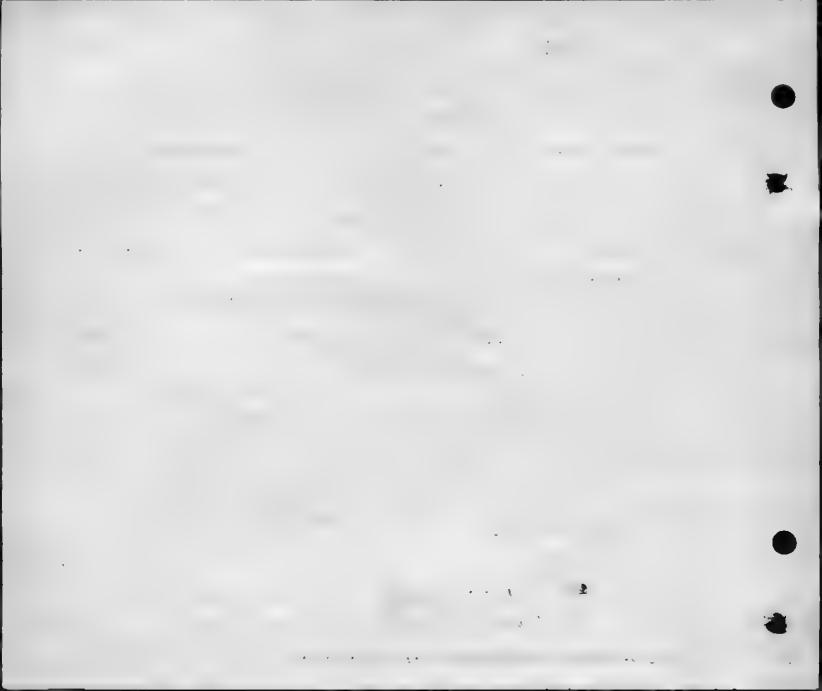
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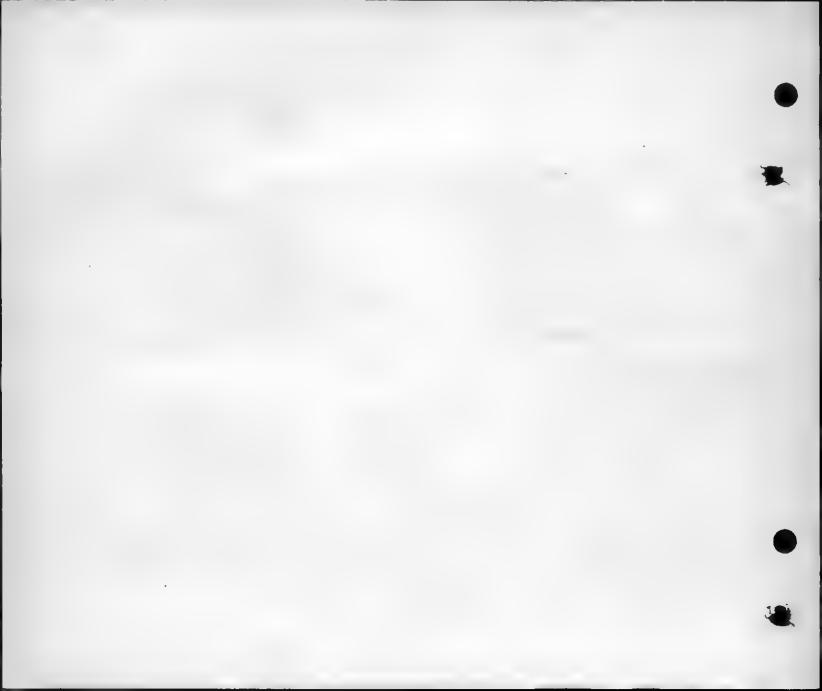
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	13697 CERTIFIC	CATE OF DEATH	Reg. Dist. 1.3675
Y	PLACE OF DEATH O. COUNTY BALTIMORE MARYLAN	O STATE	b. COUNTY BALTIMORE
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DUNDALK		ote limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 2913 DUNDALK AUE.	d. STREET ADDRESS 2913 DONDALI	O. IS RESIDENCE ON A FARM? YES ☐ NO ☑
f	3. NAME OF PECEASED (Type or print) NETTLE ETHEL TO	LOST OF DEATH	Month Day Year DEC 3 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED		9. AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS of bythdoy) Months Doys Hours Min
Ī	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	NOUSTRY 11. BIRTHPLACE (State or foreign co	untry) 12. CITIZEN OF WHAT COUNTRY?
	JAMES ALEXIOUS HOUS	14. MOTHER'S MAIDEN NAME MARTHA FOS	TER
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) [If yes, give wor or dates of service)	INFORMANT Dr. D.H. Towson	2907 DUNDALK AUE
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) After a constant of the country of the countr	,	INTERVAL BETWEEN
	Conditions, if ony, which) A-S-C-V-R	Ence Siserie	10 yr
	gove rise to immediate couse (a), stating the under lying cause last.		
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH		CONDIT ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED (Enter nature of injury in Port I or Port	li of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCUSED 20d. Hour o. m. p. m. 19 Of work of work	PLACE OF (INJURY (Home, form, 20f. (City today, street, office bldg., etc.)	or town) (County) (State)
	21. I certify that I attended the deceased from Nov. Y	4 , 1961, 10 DAV. 3	, 1947, that I last saw the deceased the causes and an the date stated above.
	ACTUAL SIGNATURE		reet, city or town, steple) DATE SIGNED
	PHYSICIAN'S M.B. DAVIS M.D	Demdars.	n- nee 14/5/61
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER' BEMOVAL (Specify) 12-6-61 PARKUOO	C- 0-	ION (City, town, or county) (State) TO, COUNTY MD.
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS VLLRICH FUNERAL HORE DUNDAL	MA. DATE L'EC 8	24b. REGISTRAR'S SIGNATURE

D FOXERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Por the registror prior to burial, crematian, ar removal, and in any event within 72 hours ofter death. 20 OT TO F VS A15 (4) 15M 9/5B

in by the funeral director, and 2 should be filed with

DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after



the funeral filled in by Page 4 m retained by the hospital or attending physician.

Page 4 m retained by the hospital or attending physician.

O'FUNERAL D TOR: After this certificate has been signed by the attending physician and controlled in burial-transit permit. Then please remove exchange pages 1 and of the please remove exchanges 1 and 1 and

Q. VR A15 (4) 15M 9/60

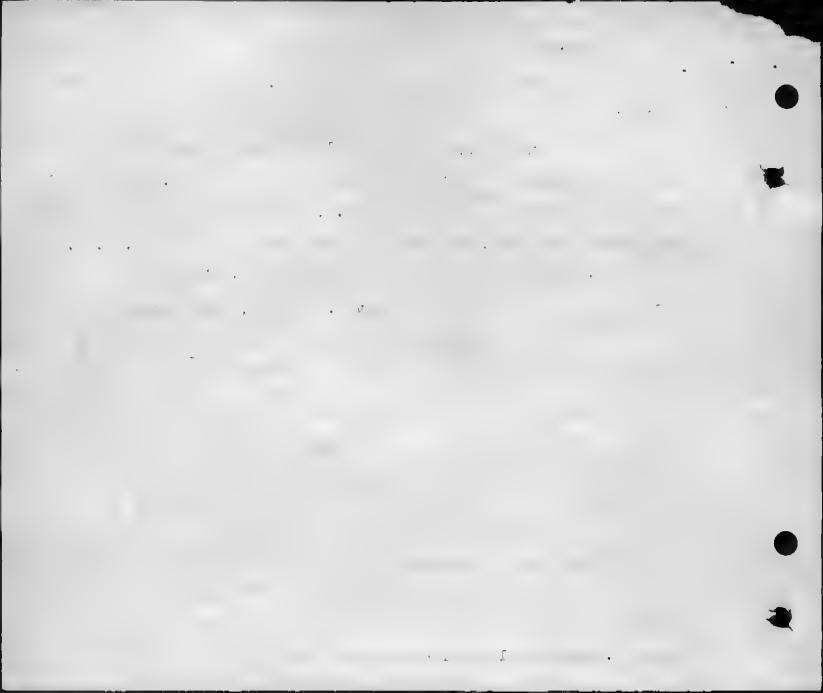
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13698

12676

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where daceesed lived, If institution, Residence before admission)
Baltimore MARYLAND	o. STATE Md. Baltimore
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. C.TY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give neerest fawn)	× Elkridge
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
	ON A FARM?
1700 Levering Avenue	1700 Levering Avenue
DECEASED	Last 4. DATE Month Dey Yeer OF
John Sidney	Travers Dec. 24, 161
1. MAKETE EN MAKETE	9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS.
male white widowed Divorced	Nov.2,1888 73 yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION (G ve kind of work 10b KIND OF BUSINESS OR INDUSTR	RY, 11. BIRTHPLACE, County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Baltimore Water DeptRetired	Maryland U.S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John H. Travers	Catherine J. Sheet
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17.	
(Yes, no, or unkown) (Ifyes give we ror detes of service)	
10 A(da V. Travers, 1700 Levering Avenue
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (6)	and Musuland & land
DUE TO IN COMME	1. a -1. + . 2 m
Conditions, if eny, which (b)	gotarences 3 mo
geve rise to immadiate cause (a), stating the undarlying DUE TO	200 1 108 54
couse lest.	Marles of terasifo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS ALTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT COND. TIONS CONTRIBUTING TO DEATH BUT NO	YES TO NO TO
₹ 20a ACCIDENT WAS INDERLYING [] 20b. DESCRIBE HOW INJURY OCCURES), (Enter nature of injury in Part Lor Part II of Itam 18.)
20s. ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, ferm, 20f, (City or town) (County) (Stata)
Hour a.m. While Not While fac	fory, street, office bldg., elc.)
21. I certify that (I) (this hospital) attended the deceased from.	De 196/, to. Comment 186/, that (1) (we) last
saw the deceased alive on 12 24 19 and that	death occured at 3 f.M. from the causes and on the date stated above.
226. SIGNATURY	ATTENDING MED. STAFF 22b. DATE /
121 Herrembrangh N	D. PHYS. DIRECTOR PHYS. 12/25/6
22c. PHYSICIAN'S	22d. ADDRESS
NAME (TYPO) BRUCE B. BRUM DAUGH. M.	DI 5609 MAIN STREET EIKRIGGEZ7, 1116
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMBYALISMENT 12/27/61 Loudon Par	k Cemetery Baltimore, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Transacional av available a balance	enue DATE DEC 29'61 Catter & Kraus
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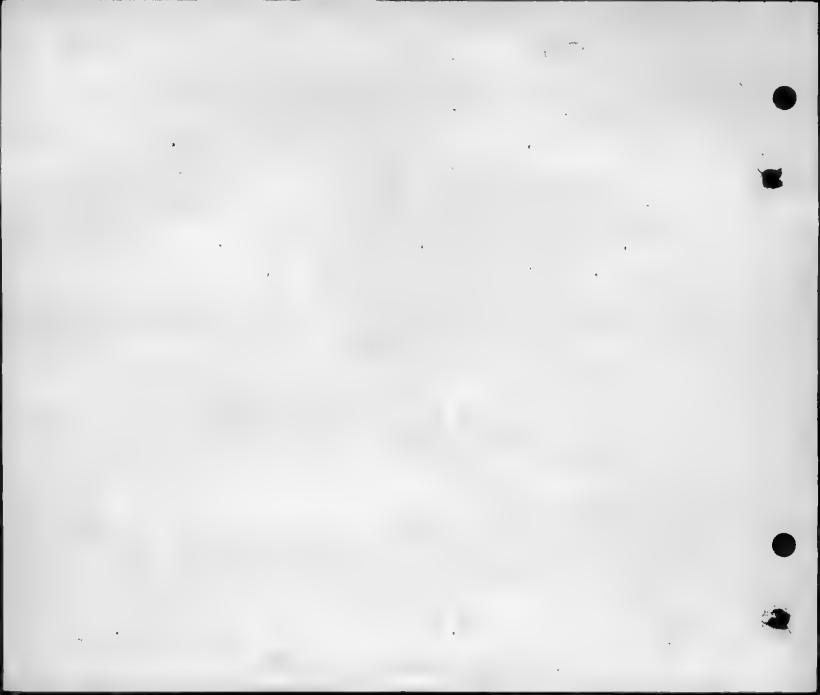


MARYLAND STATE DEPARTMENT OF HEALTH

funeral 12 T pue Ēfilled in Pages physician please ģ certificate has been signed affending the et 8 0 CIOR: VR A15 (4) 15M 7/61



DVI AND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH Items 8 & USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission) 1. PLACE OF DEATH .. COUNTY Baltimore b. COUNTY Bal timore MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Pikesville ء. Pikesville filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4720 4720 Duncannon Rd. Duncannon Rd. YES NO T 3. NAME OF M ddle DATE Year DECEASED OF Clair Underwood Joan DEATH (Type or print) 19 and". 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 19. AGE (In years, IF UNDER I YEAR) IF UNDER 24 HRS. last birthday) Months Hours Female WIDOWED [DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? 106, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired General Electric Co. Pittsburgh Pa. U.S.A. Secty. 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME please affending William J. Fogarty Bessie I. Facto 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) I (If yes give wer or dates of service) ng physician. Charles William Underwood, (Husbahd permit. 18. CAUSE OF DEATH [Enter only one cause per I no for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) has been signed emation, DUE TO affending Conditions, if any, which gave rise to immediate cause (e), stering the underlying cause last. Ö hospital or certificate PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY FICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, lenter neture of neury in Part I or Part II of them 18.1 200 ACCIDENT WAS UNDERLYING 1 C.K. OR CONTRIBUTING [] CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER) After 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) [County] (Stete) 20c. TIME OF INJURY Month, Dev. Year factory, street, office bldg., etc.] DIRECTOR: Af While Not While at work et work 22b. DATE 22a. SIGNATURE STAFF SIGNED DIRECTOR PHYS. PHYS. page with t PUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State) 238. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) Burial ST. Bernard's Fitchburg Mass 24 FUNERAL DRECTOR'S SIGNATURE VR A15 [4] 15M 7 6I



MARYLAND STATE DEPARTMENT OF HEALTH SIATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Rasidence before edm.ssion) a. COUNTY a. STATE **b.** COUNTY Baltimore MERYLAND Marvland Baltimore 2 2 by th b. CITY OR TOWN (if outside corporate limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) vears <u>-</u> Owings Mills Owings Mills filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address) d. STREET ADDRESS Walk Avenue Walk Avenue 3. NAME OF DATE First Month Midd e DECEASED OF (Type or print) Elizabeth Walk DEATH Dec. AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX 8. DATE OF BIRTH last birthdey) Months Female White **1888** WIDOWED [Jan.10. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Austria Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Noll Anna Schrobel 15. WAS DECEASED EVER IN J.S. ARMED FORCES? alten 16 SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no. or unknown) | (Ifyes givewer or detes of service) Owings Mr. John Walk Nο None 6 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO (b) geve rise to immediate causa DUE TO (m), stating the underlying causa fast. PART II, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION certificat 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of itam 18.) MEDICAL 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yant factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 1947 1902 censulise 3/, 19.66, that (1) (we) last 21. I certify that (I) (this hyppital) attended the deceased from.... ...1961, and that death offered at 1960, from the causes and on the date stated above saw the deceased alive on Necamilla RIGNATURE ATTENDING MED. DIRECTOR PHYS. PHYS. M.D. Wilnes 22d. ADDRES 22c. PHYSICIAN'S NAME (Type) Clarence 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Eity, lown or county) 236. BURIAL, CREMATION, | 236. DATE THEREOF REMOVAL (Specify) ,1962 Holy Cross Cemetery Baltimore, Jan.3

ADDRESS

VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

Burial

25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR

Owings Mills, Md pate JAN 2

Cirching S. Flines

Maryland

(County)

. IS RESIDENCE

YES NO X

19 61

IF UNDER 24 HRS.

Mills.Md.

PERFORMED?

NO 🔀

(Steta)

INTERVAL BETWEEN CONSET AND DEATH

Year

Hours

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

31

Devs

ON A FARM?



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 40 2. USUAL RESIDENCE (Where deceased lived. Af institution, Residence PLACE OF DEATH o. COUNTY COUNTY O. STATE MARYLAND b. CITY ONTOWN (If outside corporate limit c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits with RURAL and give nearest town) d. NAME OF OR INSTITUTION (If got in hospital, The street godfess) . IS RESIDENC ON A FARMT YES NO NAME OF Middle DATE Year DECEASED OF DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. less birthdevi Months Doys Hours WIDOWED DIVORCED [7] G YEL 2 USUAL OCCUPATION (Give kind of work done 106)

ufing most of working life seven is retired) MIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote of breign country 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNK 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET ANDADEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to **DUE TO** Conditions, if any, which gove rise to immediate couse **DUE TO** (a), stating the underlying couse last. PART II. OTHER SIGNALCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOL 19 WAS AUTOPS PERFORMED2 NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. 20e. PLACE OF NJURY (Home, form. 120f. (City or town) (County) (Stole) factory, street, office bldg., etc.) -Not while White n m at work at work p. m.# 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection X Inquiry . ond find that to the ref Accident . Spicide . Homicide . Undetermined couse . death resulted from: Natural causes ACTUAL SIGNATURE DATE SIGNS CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER DE 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stole) REMOVAL (Specify) ComeTer 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 14b. REGISTRAR'S SIGNATURE VS. A15ME(III Clothur S. Mante 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 13703

Reg. Di 1 3681

	PLACE OF DEATH				2	USUAL RESIDENCE	Where decease			before admission)	
'	a. COUNT	Baltimore	<u> </u>	MARY	LAND	a STATE	Md.	P COUNTA	Balt	imore	
	b. CITY OR TOWN (I RURAL and give ne	outside corporate limi		LENGTH OF STAY	IN 1b	c. CITY OR TOWN	[If outside corp	orate limits, write R	URAL and giv	e nearest town)	
	Randalls	town AL (If not in hospital, g				Randallst					
	OR INSTITUTION	AL (If not in hospital, g	jiva straet addi	ress)	1 3	d. STREET ADDRESS				o. IS RESIDENCE ON A FARM?	
_	3604 Nor	th Chapma	n Road	<u>l</u>		3604 Nor	th Cha	pman Ro	ad	YES NO	
	NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE	Mor		Day Year	
	(Type or print)	Ida Rosilia					DEATH	Dec. 26	, 1961	19	
5 5	SEX	6. COLOR OR RACE	7 MARRIED	# NEVER MARRIE	D 🔲 B. I	DATE OF BIRTH		9. AGE (In years last birthday)		YEAR IF UNDER 24 HRS	
	Female	White	WIDOWED [DIVORCEI	P A	pril 3, 19	12	49 yrs	Months D	ays Hours Min.	
10a	. USUAL OCCUPATIO	N (Give kind of work i	dane 10b. KIN	D OF BUSINESS O				country)	12. CITIZE	N OF WHAT COUNTRY?	
lн	airdresse		'			Maryla	nd		U	.S.A.	
	FATHER'S NAME				1	4. MOTHER'S MAIDE	N NAME				
	Howard	Worthingto	n You	nø		Rosilia T	Carr				
15.	WAS DECEASED EVE	IN U. S. ARMED FOR			INFO	RMANT		Add	ress		
(Ye	No No	If yes, give war or detes of s	213	-18-3688	Blan	nes M. Wa	are 360	4 North	Chapm	nan Road	
-		TH Enter only one co	use per line fo	or (a), (b), and (c).		TOD THE TELE	. /	/	/	INTERVAL BETWEEN	
		TH WAS CAUSED BY:		100. F.	- 12 -	· menel		· Val		ONSET AND DEATH	
	IMMEDIATE CAUSE (0) Long of a month of the										
	Conditions, if any, which) 65										
	gave rise to it	nmediate (}								
	couse (a), stating	the under- DUE TO									
z	lying cause last. (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY										
18	PERFORMED?										
5	20- ACCIDENT WA	C AD INCOME OF THE	not precou	E HOLL DURING	SCHIPPED (r	1.0.410.	-1 H -5 'A 30 1		YES NO Y	
CERTIFICATION	OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	ZVD. DESCRIB	E HOW INJURY OF	CCURRED. (Enter nature of injury	in ran i or ro	irt ji or item is.j			
Z	20c. TIME OF INJUR	Month, Day, Yes	ar 20d. INJU	RY OCCURRED	20e. PLACE	OF INJURY (Hame, f	orm, 20f. (Cit	y or town)	(Cor	unty) (State)	
MEDICAL	Hour g.m.	19	While at work	Not while	rocior	y, street, office bldg.,	etc.)		***		
	21. I certify that I attended the deceased from 19.1, to 22, 196, that I last saw the deceased										
	olive on	12- 26	. 19	1 /	1	1 1				dote stated above.	
			4		000111			Street, city or town,		DATE SIGNED	
	ACTUAL SIGNATURE	181	Un	1		627	1.161	1 /-	11. 30		
	PHYSICIAN'S NAME (Type)	M	511	~ 1					12,	en / im	
220	BURIAL, CREMATIO	N, 22b DATE THEREC	DF 22	c. NAME OF CEME	TERY OR C	REMATORY	22d LOCA	ATION (City, town,	or county)	(State)	
I	REMOVAL (Specify)	5 30			C		77	1-11-4	1600	2	
	Burial	Dec. ZX	, 1961]	Mount O	ive C	emetery	Rand	dallstown	l, Ivlar	yland	
	ERMERYT DIKECTOR.	Dec. 29	, 1961]	Mount Ol	ive C		EC'D BY REGIS		ISTRAR'S SIGN		

Poges 1 and 2 should be fired with

DING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after be retained by hospital ar ottending physician.

7. WERAL DIRECTOR: After this certificate has been signed by the attending physician and completely page 3 should be detached far use as the burial-transit permit. Then please remave corbon papers. Por the registrar priar to burial, crematian, or removal, and in any event within 72 hours offer death.

VS A15 (4) 15M 9/5B

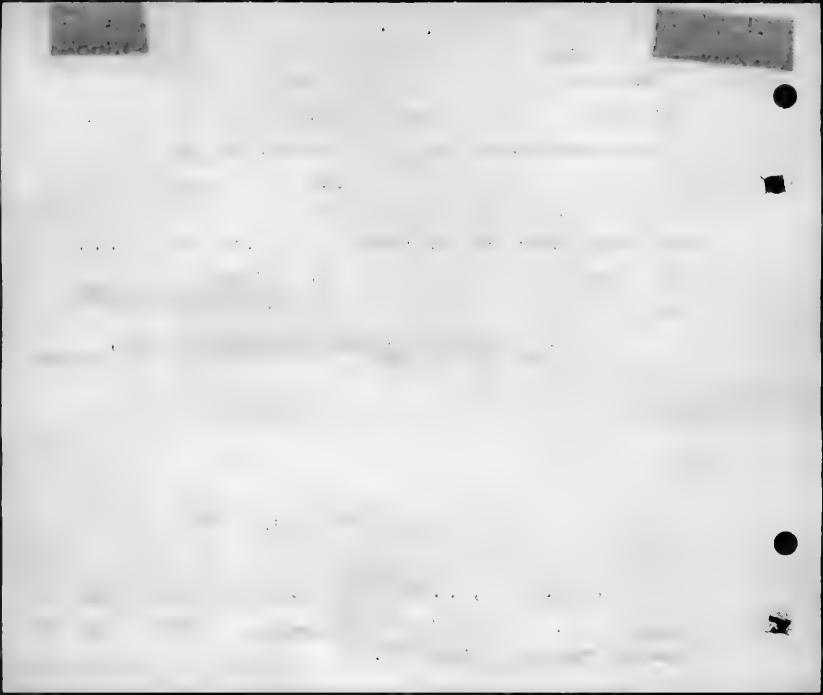


TATISTICAL RESEARCH AND RECO PRESTON STREET, BALTIMORE & MARYLAND Film (130) 2. USVAL RESIDENCE Where deceased lived, If Institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY e. STATE COUNTY Baltimore Maryland MARYLAND and b. City OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) ģ FORE HOWARD neerest town 271 days Baltimore after .5 Pages filled d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO A Veterans Administration Hospital 1713 De Sota Road -3. NAME OF 4. DATE DECEASED OF (Type or print) DEATH .TOHN WATSON 1961 pon S. SFX 6. COLOR OR RACE , 7. MARRIED T NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH AGE IIn years HE UNDER I YEAR last birthdey) and Months Days Hours Male White WIDOWED DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHP, ACE (County & State, or fore gn country) DW6 12. CITIZEN OF WHAT COUNTRY? 6 done during most of working life, even if retired) Men's Tailor Factory Sewing Machine Operator any Baltimore, Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aftending Joseph Watson ple Mellie Victor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Clinical Recordageous VA Hospital (Yes, no, or unkown) [If yes give wer or defes of service) Baltimore, Maryland-FORT HOWARD DIVISION Yes 216-09-6543 the IR. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARCINOMA OF HYPOPHARYNX WITH METASTASTS TO LINES (MMEDIATE CAUSE (e) burial-transit AND LYMPH NODES 14 months geve rise to immediate cause DUE TO (e), steting the underlying burial. has ceuse lest. the PART II, OTHER SIGNIF, CANT COND, TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? 88 NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of m'ury in Pert I or Part II of item 18.) 20s. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this etached 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or lown) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. at work el work p.m. DIRECTOR: 21. I certify that (4) (this hospital) attended the deceased from March 101, that (we) last saw the deceased alive on Dec. 12/18/ DATE 22a. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. Chief 22d. ADDRESS PHYSICIAN'S NAME (Type) TALBERT, M.D. Med. Serwah Baltimore, Md - Fort Howard Division 230. BURIAL, CREMATION, 235. DATE THEREC 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Baltimore National Cemetery Baltimore Dec. Maryland Burial 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Washington Blvd VR A15 (4) Baltimore, Md. 15 9/6■ DATSEC 2 2 161 William P F

requires that

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MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before admission a. COUNTY b. COUNTY Maryland Raltimore 2 2 MERVIAND b. CITY OR TOWN (if ourside corporete limits, c. CITY OR TOWN (If outs'de corporate limits, write RURAL and give necrest town) c. LENGTH OF STAY IN 15 write RURAL and give neerest town) E -H days Fort Howard Baltimore Pages d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 50 ON A FARM? YES NO -Veterans Administration Hospital Luzerne apers. 3. NAME OF DATE Month Yeer Middle DECEASED (Type or print) UEBER ADAM DEATH 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED nogue IF JNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR last birthdey) Monthal Days White Male WIDOWED X DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & Stele, or loreign country) 12. C TIZEN OF WHAT COUNTRY? done during most of working life, even if relired) U.S.A. Baltimore, Maryland Carpenter Construction 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Agnes Kozlowski Joseph Weber 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Clinical Records Add VA Hospital Baltimore, (Yes, no, or unkown) (Ifyesquewarordetesofservice) Maryland, Fort Howard Div. 18. CAUSE OF DEATH [Enter only one cause per I'ne for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ADENOCARCINOMA OF METASTATIC IMMED ATE CAUSE (e) Unknown the burial-transit burial, cremation DUE TO gava rise to immedieta causa **DUE TO** (a), stating the underlying the PART II. OTHER S.GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1881 19. WAS AUTOPSY PERFORMED? 30 0 NO 200. ACCIDENT WAS UNDERLY NG CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, lEnter neture of insury in Part I or Part II of flam 18.) 20d, INJURY OCCURRED 2De, PLACE OF INJURY (Home, ferm, 2Df, (City or lown) 20c. TIME OF INJURY Month, Day, Yeer (County) (Stete) factory, street, office bidg., etc.) While Not While Hour a.m. et work et work 21. I certify that M (this hospital) attended the deceased from Dec. 8. 19.61 to Dec. 22..., 19.61 that (1) (we) last 19.61., and that death occurred at 1.2:25 from the causes and on the date stated above Dec. saw the deceased alive on.... DIREC 3 shoul 22e. SIGNATURE ATTENDING X DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VAH Balto 18. Md. - Fort Howard 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (Stata) 23e. BURIAL, CREMATION, REMOVAL (Specify) 12/26/61 Burial Holy Rosary Cemetery Rd. Balto. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Harford Road 15M 9/60 Baltimore. Wm. Cook-Blight. Inc.

MARYLAND STATE CEPARTMENT OF HEALTH

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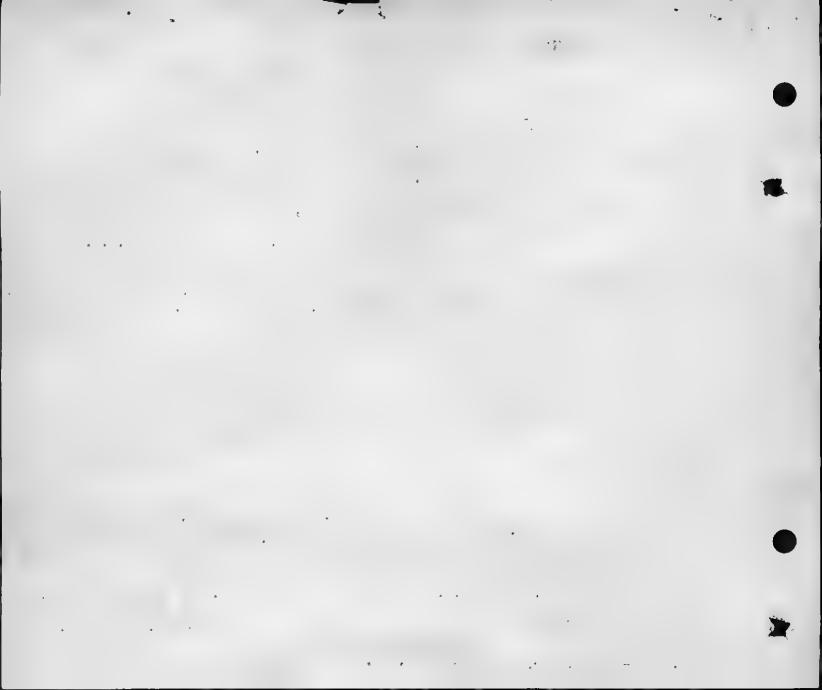
After this certificate has been signed by

CIOR

FUNERAL

attending

PHYSICIAN: the hospital or



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

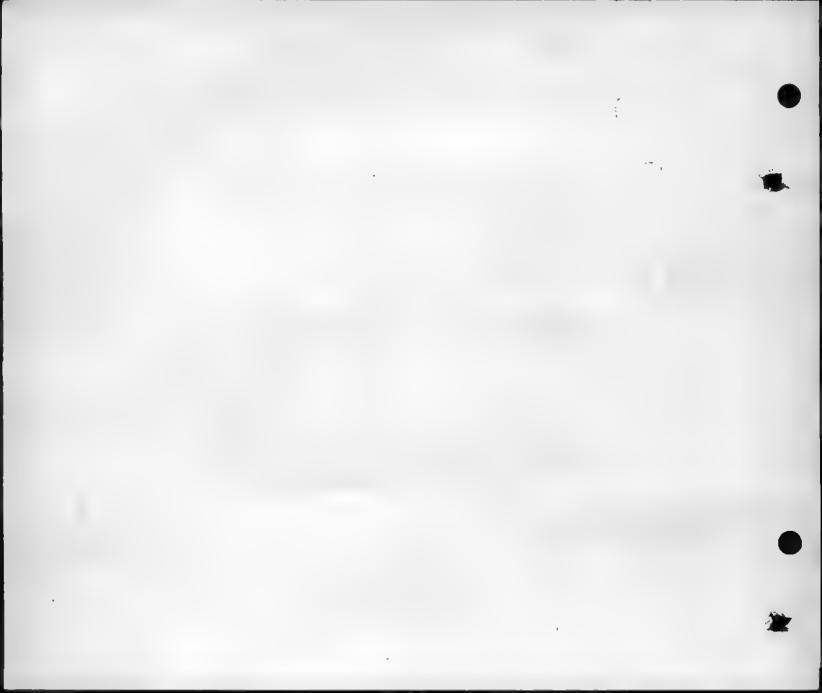
1. PLACE OF DEATH a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE b. COUNTY
b CMY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give neglest town) (Claterator 1348 and	X Restention
d NAME OF HOSPITA, Ilf not in haspital, give street address) OKSNITTUTION TI alla	STREET ADDRESS ON A FARM? YES NO
3 NAME OF First Middle	Last 4. DATE 6 Month Day Year
OFCEASED (Type or print) A DERT THEODOR	EWE VAERT DEATH Necember 30 :961
SSEX SEX SECOLOR OF RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH S. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS La years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min. Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUS during most of working life, Eyen if retired)	STRY 11. BIRTHRIACE (Sloje or foreign country) 12 CITIZEN OF WHAT COUNTRY?
Sperala & Doa remala	Belgium U.S.a.
11 FATHER'S NAMED 1 STORY	14 MOTHER'S MANGEN NAME
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 IN	NFORMANT () Address ()
(If yes, gray wer or dates of service) 152-16-990 Miles	is Zna Welvast Hen hallist henderstown Il
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Womboon ghours
434 DUE TO A + 15	of Am. A all a
Canditians, if any, which gave rise to immediate (b)	flood Mailling - Chromic years
cause (a), stating the under-	\mathcal{J}
lying cause last. (c)	NOT BELATER TO THE TERMINAL RICE ACE CONDITION CHIEN IN BART 11-170. WAS ALITOREY
САТІС	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Part I or Part II of item 18.)
E (1 for	ACE OF INJURY (Hame, farm, 20f. (City ar tawn) [County] (Stole) ctary, street, affice bldg., etc.)
Haur a.m. P. m. 19 While Not while at wark at wark	A A
21 I certify that (1) (this haspital) attended the deceased fram	debruces, 1961, take cember 30, 1961, that (1) (we) last
saw the deceased alive an Alcuntum 2919 6 L and that d	leath accurred at 1/2 /M. from the causes and an the date stated above
220 SGNATURE C MC ()	ATTENDING MED STAFF 1. 125 DATE
22. PHYSICIAN'S	M.D. PHYS. D. DIRECTOR D. STAFF PHYS D. DECENTION STAFF
NAME (Type)	11904 Keisterstown Il Keisterstown Keyland
230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY O	R CREMATORY 23d LOCATION (City, Jawn, ar county) (State)
Lurial Ispecify Ian. 2, 19/2 All Saints C	Remetery Reisterstown, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
J. F. Tline Cons Leisterstown, Md.	DATE JAR 2 162 C that I Flave

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TO HOSPITAL OR A DING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after a Page 4 to a remained by hospital or attending physician.

TO ACHERAL DIRECTOR: After this certificate has been signed by the attending physician and completel, and in by the funeral director, page 3 should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Hearth prior to burial, cremation, ar removal, and in any event, within 72 hours giver Geath.

VR A1S [4] 15M 9/59



13707

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF

DEATH		13685
L RESIDENCE (Where deceased lived.	If institution	Residence before admi

OR INSTITUTION 1.1.20 Walnut Rd. 1.1.20 Walnut Rd. 1.1.20 Walnut Rd. 1.2.20 /61 Doctars D	CE OF DEATH	alto.			MAR	RYLAND	2 USUAL RESID		rland	d lived. If institut b. COUNTY		to •	mission)
d. STREET ADDRESS OR INSTITUTION Lift 20 Walnut Rd. 1. STREET ADDRESS Lift 20 Walnut Rd. 1. STREET ADDRESS Lift 20 Walnut Rd. 1. SATE OR STREET ADDRESS Lift 20 Walnut Rd. 1. SATE ON Month Lift 20 Walnut Rd. 1. SATE ON MONTH CEASE OF First Month To John Fred Henry John Wenger Plant 12/20/61 2. SEX 2. COLOR OR RACE T. MARRIED NEVER MARRIED NEVER MARRIED RATE WIDOWCOULD NOORSED RACE TO MONTH MONTH NO NO NO NO NEVER MARRIED NEVER MARRIED RATE ON MONTH To Month No N	URAL and give ne	nearest town)		write c. LEI	NGTH OF STA	Y IN 1b	V _				RURAL ond g	ive nearest	rown)
DECEASED Titype or print John Fred Henry John Wenger DEATH T2/20/61 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED ALL 26 1679 MONOMED DIVORCED ALL 26 1679 NO WIDOWED DIVORCED ALL 26 1679 NO WEST WAS DECEASED RIVER IN U. S. ARRIED FORCES? TO WEST WHAT. West Md. RR 13. FATHER'S NAME John F. Wenger 15. WAS DECEASED RIVER IN U. S. ARRIED FORCES? To SOCIAL SECURITY NO. TO INFORMANT NO WEST DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gave rise to immediate couse (c), stoling the under. Typing couse last to immediate CAUSE (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c) The Work of Monomial Contribution of Contributions of C	NAME OF HOSPIT	TAL (If not in bo	spitol, give		s)		d. STREET A	DDRESS				0	RESIDENCE N A FARM?
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH S. DATE OF B	EASED	hnFred)		y		le	-14		OF				Yeor 19
100. USUAL OCCUPATION (Give kind of work done) 100 Maryland 110. Pather's Mame 110. Pather's Mame 111. Birthplace (Stole or foreign country) 112. CITIZEN OF WHAT- West. Id. RR 113. FATHER'S MAME 114. MOTHER'S MADDEN NAME Frances Valberger 115. WAS DECEASEDEVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17 INFORMANT 117. INFORMANT 118. CAUSE OF DEATH [Enter only one couse per fline far (R), (b), and fill part in many didners and information of the couse (g), which gave rise to immediate couse (g), which is the couse (g), which is the couse (g). While is the country of the couse of DEATH (IF EITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 199. WAS present to immediate couse (g). While is the country with the couse of DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 118. CAUSE OF DEATH [Enter only one couse per fline far (R), (b), and fill part in the couse of DEATH (g) and the couse (g). While is the couse of the couse (g). While is the couse of		6. COLOR OF							19	lost birthdoy)			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address	ring most of work	ON (Give kind o rking life, even if	of work done Fretired)				STRY 11. BIRTHPL	ACE (Stote)	or foreign o	ountry)	12 CITIZ	ZEN OF WH	AT COUNTRY
Text Conditions, if any, which gave rise to immediate cause (a), stoling the underlying couse last Confitted in the course of the course	John	n F. Wer	ıg er				Fra	nces	Malbe	rger			
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20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While at work of two dots with the deceased from the deceased alive and the deceased from the deceased from the deceased alive and the deceased from the	ave rise to in ause (a), stating ring couse last	immediate the <u>under-</u>	DUE TO (c)	Di a	letes BUTHING TO D	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PART	PE	AS AUTOPSY REFORMED?
21 I certify that (I) (this hospital) attended the deceased from. Saw the deceased alive ap RELIA_196(, and that death accurred at e_M, from the causes and an the date stated 220. SIGNMORE 220. SIGNMORE M.D. ATTENDING MED DIRECTOR STAFF PHYS. 221. PHYSICIAN'S NAME (Type) PRO SCHOOL ADDRESS NAME (Type) PRO SCHOOL ADDRESS 222. PHYSICIAN'S NAME (Type)	R CONTRIBUTING	G ITI CAUSE OF	DEATH	DESCRIBE	HOW INJURY	OCCURRE	D (Enter nature o	f injury ın F	Part I or Por	t It of item 1B.)			
saw the deceased alive ap 12 19 61, and that death accurred at 2. M, from the causes and an the date stated 220. SIGNINGTE and SCHOOL MD. ATTENDING MED DIRECTOR STAFF PHYS. 1220 PHYSICIAN'S NAME (Type) Phys. School feld 230 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Hour o. m. While Not while foctory, street, office bldg., etc.)												
Touch & church M.D. ATTENDING D. MED. DIRECTOR D				. Lat									
NAME (Type) Peul Schonteld 2301 amaples My M.	220. SIGNAPPE COLUMN M. ATTENDING MED DIRECTOR D										22b.DATE SIGNE		
		Pr.	را ال	Sch	on to	10	22d ADDRI	G 1 (an	MOURT	les Ma	l p	120/
REMOVAL (Specify) Burial 12/23/61 Holy Cross Balto, Md.	Burial	12/2	THEREOF		Holv C		R CREMATORY		Bal	to,Md.			(Stote)
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE McCully Funeral Homes 130 E. Fort Ave. # 30 DATE EC 2 1 '61			Ilomor			1	# 20	_					

TO CAMERAL PIRECTOR After this certificate has been signed by the ottending physician and completely ed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Cages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours detached for use as the burial cremation, or removal, and in any event, within 72 hours detached for the prior to burial, cremation, or removal, and in any event, within 72 hours detached for the prior to burial, cremation, or removal, and in any event, within 72 hours detached for the prior to burial the prior the prio DING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer HOSPITAL OR

VR A15 (4) 15M 9/59





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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY 12700 CERTIFICATE OF DEATH

	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)								
	Paltimore ' MARYLAND	a. STATE Md. b. COUNTY Bal'o.								
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)								
	write RURAL and give nearest town)	\(\text{Glyndon} \)								
<u> </u>	GLYN ION d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS								
1	5 Fisk Ave.	ON A FARM?								
		5 Fisk Ave.								
	NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year								
	(Type or print) Lester Sollers The	eeler Dec. 17, 19 61								
5.	SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.								
	Male Mihite, WIDOWED DIVORCED	Feb. 7, 1800 last birthday) Months Days Hours Min.								
10a	. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	Y II. SIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
"	Paltimore County	laryland USA								
13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME								
	Totard G. Theeler	Mary Griffith								
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. TO									
(Ya	is, no, or unkown) ! (If veso 'vewarordate cofservice) '	rs. Elizabeth M. Wheeler Glyndon, Md.								
	10 10 212-30-751,1 113	INTERVAL BETWEEN								
	DART I NEATH WAS CALISED BY.	ONSET AND DEATH								
	IMMEDIATE CAUSE (a) Arteriosclerotic	C-V Disease 2 yrs.								
	4221 DUETO									
	Conditions, if any, which \ (b)	_								
	gove rise to immediate cause DUE TO									
	(a), stating the underlying Duc 10									
z		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY								
CERTIFICATION	C F Pro-tata	PERFORMED?								
15	Ca. of Prostate 20a. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURED. (Enter nature of in ury in Part II of Idem 18.)									
EXT	OR CONTRIBUTING TI CAUSE OF DEATH	(Chie. delote of they be cent of tens to chemical)								
	(IF EITHER, NOTIFY MEDICA PEXAMINER) none									
MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office b.dg., etc.)								
MEC	Hour s.m. none 19 While Not White none feets									
	21. I certify that (I) (INKERGENER) attended the deceased from	1-22-37								
	saw the deceased alive on 12-16-61 19, and that	death occured at								
	22a SIGNATURE	22b. DATE								
1	2.2. Caples	ATTENDING MED. STAFF PHYS. Z DIRECTOR PHYS. 12-18-01								
	122c PHYSICIAN'S 1/	22d. ADDRESS								
	NAME (Typa) D. D. Caples, M. D.	6 Hanover Rd., Reisterstown, Md.								
=	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (OR CREMATORY 23d, LOCATION (City, town or county) (State)								
238	REMOVAL (Specify)									
-		ery Glyndon, 11d.								
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	DEC 2 2 '61								
<u></u>	J. '. Tline : Sons Reisterstown, Md.	DATE DEVI & OF COMM & Trians								



	DIVISION OF STATISTICAL RESEARCH AND RECOR	RDS, 301 W. PRESTON STREET, BALTIMORE 1,	, MARYLAND						
L	13710 CERTIFICATE OF DEATH								
V I	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution	Residence before edmission						
	Baltimore Co. MARYLAND	e. STATE b. COUNTY Marvland Balti	imore						
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		and give neerest town)						
	Rurel Owings Mills 5 year d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	a Rural Owings Mills							
	d. NAME OF HOSPITAT OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?						
	Deer Park Rd.	Deer Park Rd.	YES NO						
3,	DECEASED	OF							
	DWeet DEATG	Whittington B. DATE OF BRITH 19. AGE (In years IF UNDER	1 1961 R 1 YEAR IF UNDER 24 HRS.						
٠.	7, MAJORIED THEYER MARKIED	lest birthday] Months							
10	Male White WHOWED DIVORCED DO USUAL OCCUPATION (GIVE kind of work 10b. KIND OF BUSINESS OR INDUS	STRY 11. B RTHPLACE County & State, or large country) 12. C	TITIZEN OF WHAT COUNTRY						
d	one during most of working life, even if retired)								
13	Blacksmith	West Va.	USA						
	- A 70	Duth V House weeten							
15	James C. Whittington 5. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17	Ruth H Morningstar	_						
(1	[es, no, or unkown] [lityesgive werordates of service]	Deer Par	, p						
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	rs Maggie Whittington Owings A	ONSET AND DEATH						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Preumoni	a, lobar bilsteral	ORSET AND DEATH						
	//O O. J DUETO								
	Conditions, if any, which \ (b) ASCVD								
	gave rise to immediate cause (a), stating the underlying DUE TO								
	cause last, (c)								
N	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?						
3			YES HO						
CERTIFI	OR CONTRIBUTING C CAUSE OF DEATH	RED. (Enter nature of infury in Part t or Part II of Item 18.)							
15		PLACE OF INJURY (Home, farm, 20f. (City or town)	ounty) (State)						
WEDICAL		factory, street, office bldg., etc.)	outing, (sidila)						
₹		0- 11 1061 1 1001 1	0 (1 a . 63 ())						
	21. 1 certify that (1) (this hospital) attended the deceased from								
	saw the deceased alive on	nat death occured at 5. A.M. from the causes and on	22b. DATE						
	John J. Sarrell	M.D. PHYS. DIRECTOR PHYS.	SIGNI						
	22c. PHYSICIAN'S	22d. ADDRESS	-						
	John J. Darrell M.D.	9017 Liberty Rd. Randall:	stown, Md.						
23	38. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, fown or cou	inty) (Slete)						
	Burial Dec. 4, 1961 Edge Hill C	emetery Charlestown W. I	Va						
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE						
4	Laring Dyers 8/18 Liber	FEED DATE DEC 4 '61 Listher	2 thous -						
-	Randel	Ketown, mol.							



MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremotion, Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate times, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give percent beauti d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 0 m YES NO TO NAME OF DATE Month DECEASED (Type or print) DEATH TOFFIN S. SEX 6. COLOR OR RACE 7. MARRIED ET NEVER MARRIED 9. AGE (In years lost birthday) B. DATE OF RIPTH IFUNDER TYPEAR IF UNDER 24 HRS. Months Hours WIDOWED | DIVORCED | フス YII. 0 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? U.S. A ETTERED ABOBER 13. FATHER'S NAME 14, MOTHER'S MAIDEN NAME SUSAWA MARTIN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address HOW, MD, 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Mir. IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate cause **DUE TO** (o), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY ő CERTIFICATION PERFORMED? NO [2] 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f (City or town) (County) (Stole) factory, street, office bldg., etc.) Not while While 0. m. at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection & Inquiry and find that to the C. ef death resulted from: Natural causes 12. Accident . Suicide , Homicide . Undetermined cause DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER 14 NAME (Type) 220 BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. EOCATION (City, town, or county) (Stote) REMOVAL (Specify) **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(S) DATE DEC 6 761 SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



14 MOTHER'S MAIDEN NAME

	PLACE OF DEATH Baltusto MAR
l	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
,	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION B. 160 B. 174 B. 17 R. 12 R. 12
	NAME OF Photos P
5. 8	6. COLOR OR RACE 17. MARRIED NEVER MARR WIDOWED DIVORCE
10a	. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS (during most of working life, even if retired)
13.	FATHER'S NAME
	FETGENAN Wich
15. Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY No. or unknown) (If you, give wor or dates of service)
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)
	PART I, DEATH WAS CAUSED BY: Coret rad
	42011 DUE TO
	Conditions, if ony, which gove rise to immediate DUE TO
	lying cause lost.
ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DI
CERT	20b. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OF CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICA	20c, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not while at work of work
	21. I certify that I attended the deceased from
	alive an 12-1, 19 61, and tha
	13. NOLYOLI NYANA NALYOLI NOLYOLi NOLYOLI NOLYOLI NOLYOLI NYANA NALYOLI NYANA NYANA NALYOLI NYANA NALYOLI NYANA NALYOLI NYANA NYANA NALYOLI NYANA NYAN

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I at Port II of item 18.)

THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19

INFORMAN'

20e. PLACE OF INJURY (Home form, 20f (City or town)

Not while

factory, street, office bldg., etc.)

(County) (State)

and that death accurred at 10.30 CM, from the causes and an the date stated above.

DATE SIGNED

70

INTERVAL SETWEEN ONSET AND DEATH

> WAS ALTOPSY PERFORMED? YES NO

ACTUAL SIGNATURE PHYSICIAN'S

220 BURIAL, CREMATION, REMOVAL (Specify)

22b. DATE THEREOF

22d. LOCATION (City, town, or county)

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

24o, REC'D 8Y REGISTRAR

24b. REGISTRAR'S SIGNATURE

15M 9/58

director,

funeral

shauld ine.

25

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campletel

gned

- return 1. Harre



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. Bo 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Mary Land b. CITY OR TOWN (If outside corporate limits, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Catonsville Baltimore days d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? SPRI G GROVE STAFE HOSET TAL YES NO Formerly 1613 North Hilton St. NAME OF DATE First Middle Year (Type or print) Dora Wi. liams DEATH May 1961 10 C 5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IF UNDER TYEAR IF UNDER 24 HRS last birthday) Months female white WIDOWED | DIVORCED | 1. 1876 10g. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
NOUSEWILE Mary Land -Bal timore U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Francis Asbury Smith Jarah Barker 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Arldress If yes, give war or dates of service) unknown Records: un, nown G RCVE STAR HOS STITAT 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART 1. DEATH WAS CAUSED BY:
| IMMEDIATE CAUSE (o) procluce ia CHALINE DUF TO if ony which gave rise to immediate cause DUE TO (o), stoting the underlying of CI thack couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION G.VEN IN PAPE NO 19. WAS AUTOPSY PERFORMED? norteriosclerosis NO DE Sille 20g. EXTERNAL CAUSE WAS PRIMARY 13 or CONTRIBUTING A CAUSE OF DEATH. CERTIFI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port I) of item 18.) On 12-20-61 pt. out of bed striking right side of face and causing a large Month, Day, Year 1208, NATURE OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY (County) (Slote) factory, street, office bldg , etc.) Not while 12-20961 of work of work Dt hospital Catonsville 28. maryland 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . Inquiry . ond find that death resulted from: Natural couses X, Accident , Suicide , Homicide , Undetermined couse DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 20 Dr. 30.1961 ASSISTANT MEDICAL EXAMINER EXAMINER'S Joseph K. Gladue, M. D. DEPUTY MEDICAL EXAMINER TH NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Loudon Park Cemeterv Baltimore, Maryland Burial **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Critical S. France DATE N 3 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



BALTIMORE 1. MARYLAND USUALTE SIDENCE Where deceased lived, If Institution: Residence before edimission) I. PLACE OF DEATH e. COUNTY a. STATE b. COUNTY MARYLAND Baltimore Co b. C.TY OR TOWN (if outs de corporate tamits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) Paltimore Baltimore County Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp te., g.ve street eddress) , d. STREET ADDRESS e. IS RESIDENCE for ON A FARM? retained he State B YES NO Frederick death. 3. NAME OF M ddle DATE DECEASED 0 OF the (Type or print) DEATH age 5 may be r I and 2 with the 72 hours after WILSON 19 December 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR RE UNDER 24 HRS. 7. MARRIED NEVER MARRIED last highdey) Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if reliced) IDE KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Siete or foreign country) 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, 2, orm PM3. Page pages I (Yes, no, or unkown) , (It/esgivewer or deles of service permit. ¥i;× 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),) INTERVAL BETWEEN Office along v burial-transit p movel, end in ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) /Patty/Metamorphosis/of/Liver/ DUE TO Alcoholism, Acute and Chronic Conditions, if eny, which geve rise to immediate cause £03 **DUE TO** (e), steting the underlying Examiner' 5 used chemation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? 8 YES TO NO -Medical should 20a. EXTERNAL CAUSE WAS
PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) the Cr. Page 3 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 2 2Df. (City or town) (County) (Slete) fectory, street, office bldg., etc.) While Not While el work el work forwarded to the L DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy YI. Inspection Inquiry and in my opinion Accident Suicide Undetermined manner death resulted from. Natural causes Y Homicide CHIEF MEDICAL EXAMINER should be forwer FUNERAL DII BIG BIARA ASSISTANT MEDICAL EXAMINER 🙀 DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER MOWARD G. SHAUB, M. D. Add NAME (Type) Address (Street, city, lown, or county) BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country REMOVAL (Specify) 40 6 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arford VS. AISME J Throng DAT DEC 2 SM 9 60

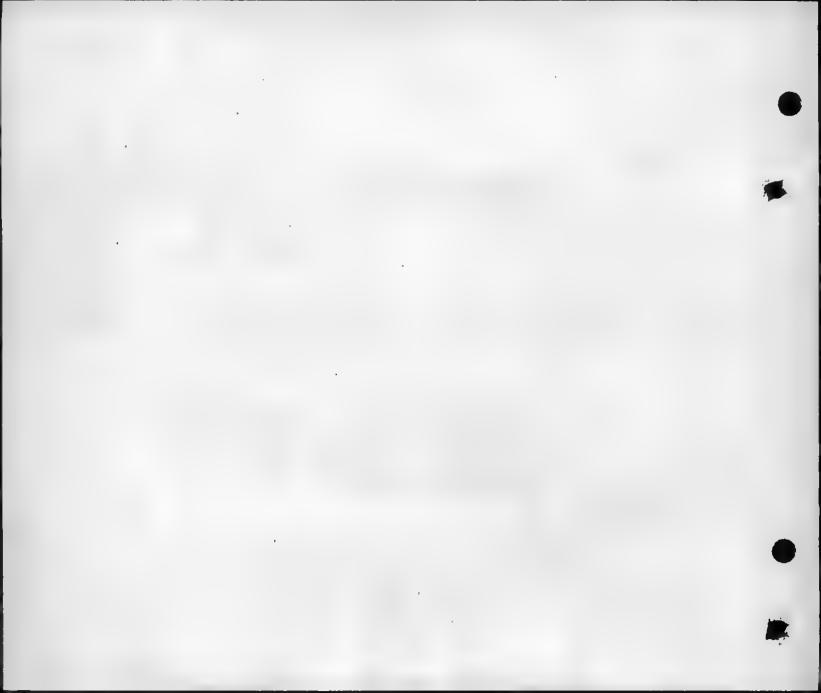


VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH 13715 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13692

	LACE OF DEATH	Baltimore		MADVIA	LAND	2. USUAL RESIDE				nstitutio	D		_		
L CITY OF TOWARD OF				MARYLAND		Mary Land Prince Geo c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to								0-	
'	RURAL and give ne	outside corporate limi arest town)	ts, write	c. LENGTH OF STAY IN	4 16	e. CITY OR TO	IN (IF or	utside corpo	prote limits, v	write R	JRAL one	give ne	orest town		
_	Catonsvi.			9mthl3dys		-		·, ·	50 M/	9R)	LA	ND	P	17RK	
'	d. NAME OF HOSPITA OR INSTITUTION	AL (If nat in hospital, g	ive street	address)		d. STREET AD	DRESS	,		16	1 -	1 30	e. IS RES	FARM?	
L		GROVE STAT	E H	OSPITAL		651	<u>h</u> Bar	rldy .	Street	- 3	The state of the s		YES 🗌	NO 💂	
	NAME OF DECEASED	Fir		Middle		last		4. DATE OF		Mon		Do		Yeor	
-	Type or print)	Eliza				Wolf		DEATH			mber			19 01	
5 5	EX	6. COLOR OR RACE	7- MARI	RIED 🗍 NEVER MARRIED	D 3	DATE OF BIRTH			9. AGE (In lost birth	years idoy)	IF UNDI Months		Hours	R 24 HRS Min	
	female	white	WIDOW			1890			77	yrs	IN OITHIS	Doys	110013	Iyun	
10a	USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLA	CE IState	or tpreign c	country)		12. €	ITIZEN O	F WHAT C	OUNTRY?	
	housev			AT HOME	_	Tii	inois	3				U. 3			
13.	FATHER'S NAME			7		14. MOTHER'S A									
	unknow	vn /	.411	DKAMIE	R	unkn	own								
		R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INF	ORMANT				Add	1622				
	ne, or unknown) (If yes, give war or dates of s	ervice)	unknown	R	ecords:	SPR	ING (GROVE	S.	ATE	H03	PlTAI		
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (a), (b), and (c).]								INT	ERVAL BE	TWEEN	
	PART I. DEA	TH WAS CAUSED BY:		Marmin - 7 ha		h = === == == == == == == = = = = = = =	nio						S days		
	355]	Terminal br	COLLE	លេសបានការបោ	пта) day	3	
		· · · · · · · · · · · · · · · · · · ·													
	gave rise to it	Conditions, if ony, which (b) Malnutrition and dehydration									months				
	Cause (a), stating t lying cause lost	ouse (a), stating the <u>under-</u> ying cause lost (c) Senile brain disease years									15				
Z	Tying cause lost) (c) Senile brain disease Years Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY														
CATIO	7500	in dicitility con			11 50 (1	OT RECORDED TO	1115 15404111	INC DISER.	JE COMBIN) (O ()	2,4,,44,	1(1)	PERFO	RMED?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTIONS CONTRIBU								rt II af item	1B }						
				la				Tass							
MEDICAL	20c TIME OF INJUR Haur a.m. p. m.	Y Month, Day, Ye 19	While at wa	Nat while		CE OF INJURY (H ory, street, affice			y or town)			(County)		(State)	
	21 I certify tha	t (AF(this haspital) attend	ded the deceased f	ram	Feb. 21	19.	6] ta	De	9C.	8, 19	61, #	hat (I) (we) last	
saw the deceased alive an Dec. 8 19 61 and that death occurred at P.M., from the causes and an the date stated above									above.						
	ZZO,DAIL								D. DAIL						
All D Walls M. ATTENDING MED STAFF 12-8-61 SIGNE								SIGNED							
	22c PHYSICIAN'S			- Company		22d ADDRES		SPR.		OVE		Alb		1TAL	
	NAME (Type)	Stell	a Wa	chsler, M.	•			Cato	nsvil	le				D 1	
Stella Wachsler, M. Caton ville 28, Nary Land 230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, fown or county) (State)															
	REMOVAL (Specify)	2.12-12	-61	FIRLIA	67	ON AM	17/	F	TNI	42	7	,	14	Z	
24.	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR'S SIGNATURE														
	W.W. Chambere Co DIT-11=343E WASH, BATE -DEC 13'61														



Prospect

St. Paul Street,

Hill

Cemetery

DATEJAN 2

Baltimore

VR A15 (4) 15M 9/60

REBUILDYPATE (Spacify)

24 FUNERAL DIRECTOR'S SIGNATURE

Wm.Cook. Inc.

12-30-61

2. USUAL RESIDENCE (Where decased lived, If institution: Residence before edmission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give neeres) town) Avenue YES No Springettburg 9. AGE (In years IF UNDER 1 YEAR Months 12. CITIZEN OF WHAT COUNTRY? U.S.A. 764 Masonic Home, Cockeysville, Md enio selevatic candiovascular duspose PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY (County) 1961. to the 28 1961, that (1) (we) last 3.4. 19.6.1. and that death occurred at 1.2.4.M. from the causes and on the date stated above.

e. IS RESIDENCE ON A FARM?

19

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO F

> > (Stata)

22b. DATE

(Stata)

York, Pennsylvania

william S. Thomas

25a. REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE

SIGNED

IF UNDER 24 HRS.



MARYLAND STATE DEPARTMENT OF HEALTH TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13717 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If jastitution: Residence before edmission) e. COUNTY MARYLAND C. LENGTH OF STAY IN 16 in by after Pages filled i hours letely NAME OF DECEASED OF (Type or print) DEATH withi carbon AGE (In years | IF UNDER 1 YEAR 5. SEX COLOR OF 7. MARRIED NEVER MARRIED (a) birikday) pue Months WIDOWED D DIVORCED event, physician IGe. USUAL OCCUPATION (Give kind of work гетоме 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT, COUNTRY? done during most of working life, even if retired) 13. FATHER'S NA please 14. = aftending and Then I 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFOR Address law requires that the (Yes, no, on uskown) | (If yes give wer or detes of service) signed by the permit, 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). attending physician. PART I. DEATH WAS CAUSED BY: 5 IMMEDIATE CAUSE (e) burial-fransit DUE TO Conditions, if any, which (b) has been gove rise to immediate cause DUE TO (e), stating the underlying burial. couse lest. the 6 After this certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19. WAS AUTOPSY CERTIFICATION hospital 50 9517 prior 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) Por defached 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) Month, Dev. Yeer factory, street, office bldg., etc.) While Not While Hour e.m. at work et work p.m. CIOR: 19.6 and that death occurred at 7.7.M. from the causes and on the date stated above. saw the deceased alive on... 22a. SIGNATURE ATTENDING MED DIRECTOR PHYS. PHYS. FUNERAL 22d. ADDRES 22c. PHYSICIAN'S NAME (Type) rector, CEMETERY OR CREMATORY BURIAL, CREMATION, 236 REMOVAL (Spegify) REC'D BY REGISTRAR REGISTRAR'S FUNERAL DIRECTOR'S VR A15 (4)

15M 9/60

. IS RESIDENCE ON A FARM?

YES NO DO

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(Stete)

22b. DATE

(State)

SIGNED

Days

IF UNDER 24 HRS.

Min.

THE Battemere May land Hallmar Sugar Din to Hall Fage - King - 22 lists the little and - 12 lists the little and - 12 lists the little and a sugar - 12 list of the littl Heuseuste Con home fork & la 142 A No mer Trant The some of The Mill Mill Longot Leas - 61 West Liberty Conday White Hall Mid Lefert Histonia Provincedon Va.

DIVISION OF STATISTICAL RESEARCH 1. PLACE OF DEATH e. COUNTY e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give neerest town) 5 hours after Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS merald t merald Hve. sletely Dapers. NAME OF Middle DECEASED OF (Type or print) DEATH within carbon OR RACE 7, MARRIED NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR and lest birthdey) Months emale WIDOWED K physician 104. USUAL OCCUPATION (Give kind of work remove (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) nousewite 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 2 Maggie Moore affen 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANTO Address (Yes, no, or unkown) I (If yes give we rordetes of service) same 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, the burial-transit DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), stating the underlying burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)1 19, WAS AUTOPSY 30 CERTIFIC 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) detached for After this 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm. ' 20f. (City or lown) (County) Month, Day, Year Not While factory, street, office bldg., etc.) While Hour a.m. et work et work DIRECTOR: 21. I certify that (i) (this hospital) attended the deceased from MALCA 19.61, and that death occured at 1.15M, from the causes and on the date stated above. saw the deceased 22s. SIGNATURE ATTENDING MED. STAFF DIRECTOR PHYS. PHYS. M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type 238. BURIAL, CREMATION, 236, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Moreland Mem. burial 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M P/60 Hartord Rd. DADEC 2 0 '61 arthur S. Kraus

AARYLAND STATE DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE 1, MARYLAND USUAL RESIDENCE (Where decessed lived, If institution dence before admission) c. CITY OR TOWN (If outside corporete limits, write RURAL end give necrest town) . IS RESIDENCE ON A FARM? YES NO

19 67

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN MAY 1960

> PERFORMED? NO 4

> > (Stete)

22b. DATE

(State)

SIGNED

19...., that (1) (10 last

PHYSICIAN: The law requires that the hospital or attending physician. his certificate has been signed by the

